



RENTAL, MORTGAGE, & UTILITY ASSISTANCE APPLICATION

AZCEND

Community Action Program (CAP)

Please complete the following application for rental, mortgage, and utility assistance. Part VII will need to be completed for each adult and child that lives in the household. Additionally, Part VIII will need to be completed for each utility you are seeking assistance for.

PART I: APPLICANT CONTACT INFORMATION AND ADDRESS			
FIRST NAME	LAST NAME	M.I.	DATE OF BIRTH
EMAIL ADDRESS		EMAIL TYPE	
		<input type="checkbox"/> Personal <input type="checkbox"/> Other <input type="checkbox"/> Work	
PHONE NUMBER		PHONE TYPE	
		<input type="checkbox"/> Home <input type="checkbox"/> TTY <input type="checkbox"/> Mobile <input type="checkbox"/> Other <input type="checkbox"/> Business	
PREFERRED METHOD OF CONTACT Please check 1 option.			
<input type="checkbox"/> Any <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Mail/Letter			
CONTACT PREFERENCES Please check all that apply.			
<input type="checkbox"/> Do not call <input type="checkbox"/> Do not email <input type="checkbox"/> Text Opt-In			
Are you experiencing homelessness?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been evicted from your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a sheltered place to sleep?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
HOUSING TYPE Please check 1 option.			
<input type="checkbox"/> Apartment <input type="checkbox"/> Foster Care <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Group Home <input type="checkbox"/> Shelter <input type="checkbox"/> Condo/Townhouse <input type="checkbox"/> House <input type="checkbox"/> Other <input type="checkbox"/> Duplex/Triplex/Fourplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Prefer not to answer			
HOUSING PAYMENT TYPE Please check 1 option.			
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Subsidized <input type="checkbox"/> No Payment <input type="checkbox"/> Prefer not to answer			
RESIDENTIAL ADDRESS			
STREET 1		UNIT/APT/LOT	
STREET 2			
CITY	STATE	ZIPCODE	
Is your mailing address the same as your residential address?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

MAILING ADDRESS Please enter if mailing address is different from residential address.

STREET 1		UNIT/APT/LOT
STREET 2		
CITY	STATE	ZIPCODE

PART II: APPLICANT DEMOGRAPHICS

GENDER SELF-IDENTIFY AS Please check all that apply.

- | | | | |
|---------------------------------|---|--|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender Female | <input type="checkbox"/> Non-Binary/Non-Conforming | <input type="checkbox"/> Prefer to self-describe |
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender Male | <input type="checkbox"/> Do not identify with a gender | <input type="checkbox"/> Prefer not to answer |

If selected "Prefer to self-describe," please enter your response: __

RACE AND ETHNICITY Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Middle Eastern or North African |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic, Latino, or Spanish | <input type="checkbox"/> Other Ethnicity: _____ |
| <input type="checkbox"/> Indigenous Peoples, Native American, or Alaskan Native | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | |

MILITARY STATUS Please check **1** option.

- | | |
|---|---|
| <input type="checkbox"/> Child of a veteran | <input type="checkbox"/> I am a veteran |
| <input type="checkbox"/> Spouse of a veteran (Living or Deceased) | <input type="checkbox"/> I am not a veteran |
| <input type="checkbox"/> I am currently on active duty | <input type="checkbox"/> Prefer not to answer |

PARENTAL STATUS Please check **1** option.

- | | |
|---|--|
| <input type="checkbox"/> Two-parent household | <input type="checkbox"/> Primary caregiver with custody |
| <input type="checkbox"/> Single-parent household with joint custody | <input type="checkbox"/> Primary caregiver without custody |
| <input type="checkbox"/> Single-parent household with sole custody | <input type="checkbox"/> Foster parent |
| <input type="checkbox"/> Grandparent with custody of child | <input type="checkbox"/> No children under 18 |

HIGHEST GRADE COMPLETED Please check **1** option.

- | | | | | | | |
|---------------------------------------|---------------------------------|---------------------------------|--------------------------------|----------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Pre-K | <input type="checkbox"/> First | <input type="checkbox"/> Third | <input type="checkbox"/> Fifth | <input type="checkbox"/> Seventh | <input type="checkbox"/> Ninth | <input type="checkbox"/> Eleventh |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Second | <input type="checkbox"/> Fourth | <input type="checkbox"/> Sixth | <input type="checkbox"/> Eighth | <input type="checkbox"/> Tenth | <input type="checkbox"/> Twelfth |

HIGHEST CREDENTIAL/ POSTSECONDARY LEVEL COMPLETED Please check **1** option.

- | | | |
|--|--|--|
| <input type="checkbox"/> None completed | <input type="checkbox"/> Vocational/Technical Degree | <input type="checkbox"/> Professional Degree |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Doctorate Degree |
| <input type="checkbox"/> GED | <input type="checkbox"/> Bachelor's Degree | |
| <input type="checkbox"/> 1+ years of Postsecondary Education | <input type="checkbox"/> Master's Degree | |

LIVE WITH A DISABILITY

- Yes No

DISABILITY If you are living with a disability, please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Cognitive/Learning (Includes Speech Disorders) | <input type="checkbox"/> Mobility/Physical |
| <input type="checkbox"/> Head Injury (Includes Acquired and Traumatic) | <input type="checkbox"/> Spinal Cord Injury |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Invisible (Includes Chronic Pain and Sleep Disorders) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mental Health/Psychological Condition | <input type="checkbox"/> Prefer not to answer |

HAVE INSURANCE

- Yes No Unknown

ENGLISH PROFICIENCY

- Little Moderate Proficient

ADDITIONAL LANGUAGES

PROFICIENCY

PRIMARY LANGUAGE

TRANSLATOR NEEDED

- Little Moderate Proficient

- Yes No

- Yes No

- Little Moderate Proficient

- Yes No

- Yes No

PART III. APPLICANT EMPLOYMENT STATUS

EMPLOYMENT STATUS Please check **1** option.

- | | | |
|--|---|---|
| <input type="checkbox"/> Student w/ No Employment | <input type="checkbox"/> Employed thru Casual/Contract Work | <input type="checkbox"/> Unemployed and Job Searching |
| <input type="checkbox"/> Student w/ Part-Time Employment | <input type="checkbox"/> Employed Part-Time | <input type="checkbox"/> Unemployed and not Job Searching |
| <input type="checkbox"/> Student w/ Full-Time Employment | <input type="checkbox"/> Employed Full-Time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Self-Employed | <input type="checkbox"/> Furloughed | |

If you are currently unemployed, what caused your unemployment? Please check **1** option.

- | | |
|---|--|
| <input type="checkbox"/> Home or Family Responsibilities | <input type="checkbox"/> Relocation Unemployment (Recent Move) |
| <input type="checkbox"/> Experiencing Ill Health or Disability | <input type="checkbox"/> Re-entering the Workforce (Did not work for a period of time) |
| <input type="checkbox"/> Laid Off (Involuntary Unemployment) | <input type="checkbox"/> Voluntary Unemployment (Resigned to seek other opportunities) |
| <input type="checkbox"/> Terminated (Involuntary Unemployment) | <input type="checkbox"/> Seasonal Unemployment |
| <input type="checkbox"/> Newly Entering the Workforce (Recent Graduate) | <input type="checkbox"/> Furloughed |

UNEMPLOYED SINCE (DATE)

QUALIFY FOR UNEMPLOYMENT BENEFITS

- Yes No I don't know

JOB SEARCHING

MIGRANT WORKER

SEASONAL FARM WORKER

- Yes No

- Yes No

- Yes No

PART IV. COVID-19 IMPACT

Have you been financially impacted by COVID-19? Yes No

If you selected "Yes," how have you been financially impacted by COVID-19?

Experienced a reduction or loss of income Expenses unexpectedly increased

Experienced a reduction or loss of income: What caused a reduction or loss of income? Please check all that apply.

- A job offer made prior to COVID-19 was rescinded
- I was terminated from employment/laid off
- I was furloughed
- My work schedule was reduced by my employer
- I am self-employed and my business has been affected/closed
- I had to quarantine because I am at higher risk for severe illness from COVID-19
- I had to quarantine due to COVID-19 illness or exposure
- I had to care for someone else who was quarantined due to COVID-19 risk or exposure
- I had to care for a dependent child or disabled/vulnerable adult
- Other (please describe): _____

Expenses unexpectedly increased: How have your expenses unexpectedly increased? Please check all that apply.

- I have day care expenses due to school or day care closures for a dependent adult or child
- I have medical expenses due to COVID-19 illness not covered by insurance
- I am unable to attend senior/community centers to obtain previously received basic living necessities
- Other (please describe): _____

PART VI. RENTAL AND MORTGAGE ASSISTANCE

Are you seeking rental or mortgage assistance? Please check **1** option.

Rental Assistance

Mortgage Assistance

If seeking MORTGAGE ASSISTANCE, what is your policy number?

SEEKING ASSISTANCE WITH

Monthly Payment

Move-In Deposit

If seeking RENTAL ASSISTANCE, have you received an eviction notice?

Yes

No

If seeking MORTGAGE ASSISTANCE, have you received a foreclosure notice?

Yes

No

MONTHS SEEKING ASSISTANCE AND AMOUNT DUE Please check all that apply.

MONTH	AMOUNT DUE	MONTH	AMOUNT DUE
<input type="checkbox"/> January	January: \$	<input type="checkbox"/> July	July: \$
<input type="checkbox"/> February	February: \$	<input type="checkbox"/> August	August: \$
<input type="checkbox"/> March	March: \$	<input type="checkbox"/> September	September: \$
<input type="checkbox"/> April	April: \$	<input type="checkbox"/> October	October: \$
<input type="checkbox"/> May	May: \$	<input type="checkbox"/> November	November: \$
<input type="checkbox"/> June	June: \$	<input type="checkbox"/> December	December: \$

If seeking assistance with a MOVE-IN DEPOSIT, what is your move-in address?

STREET 1		UNIT/APT/LOT
STREET 2		
CITY	STATE	ZIPCODE

PART VII. UTILITY ASSISTANCE Please complete for **each** utility seeking assistance for.

Which utility are you seeking assistance for? Please check **1** option.

Gas Water Electric Sewer Trash

UTILITY STATUS Please check **1** option.

Currently Shut Off Notice of Delinquency/Disconnect Past Due (In Arrears) Utility Payment Current

UTILITY COMPANY

SEEKING ASSISTANCE WITH

Utility Payment Utility Deposit

If seeking assistance with a UTILITY PAYMENT, what is the amount due for your most recent bill?

\$

If seeking assistance with a UTILITY DEPOSIT, what is the amount due for your utility deposit?

\$

MONTHS SEEKING ASSISTANCE Please check all that apply.

January May September
 February June October
 March July November
 April August December

NAME LISTED ON UTILITY ACCOUNT

ACCOUNT NUMBER

If seeking assistance with a UTILITY DEPOSIT, what is your MOVE-IN address?

STREET 1

UNIT/APT/LOT

STREET 2

CITY

STATE

ZIPCODE

PART X. APPLICANT SIGNATURE

I authorize AZCEND and/or its delegate agency to contact any source necessary to establish the accuracy of the information given by me. Further, I authorize any landlord, mortgage, or utility company, to which payment of credit on my behalf may be made, to release information regarding my account including, but not limited to, billing information to AZCEND and or/its delegate agency.

I attest that the information I have provided in this application is true and correct to the best of my knowledge. This includes information regarding household members, income, property, contact details, and all other items provided. I am aware that I may be required to submit additional documentation at a later date, which may be used to determine my eligibility for services.

Printed Name

Date

Signature