|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Name:** | | | **Client DOB:** | | | | | **Date Submitted:** |
| **Current Address:** | | | | | | | | **Phone:** |
| **New Address if moving:** | | | | | | | | |
| **Payment to be made to:** | | | | | | | | **Phone:** |
| **Address to mail check:** | | | | | | | | **Email:** |
| Head of Household Name: | | | | | DOB: | | | Relation to Client: |
| Name: | | | | | DOB: | | | Relation to Client: |
| Name: | | | | | DOB: | | | Relation to Client: |
| Name: | | | | | DOB: | | | Relation to Client: |
| Name: | | | | | DOB: | | | Relation to Client: |
| Name: | | | | | DOB: | | | Relation to Client: |
| **CM/PA NAME:** | | | | **CM/PA PHONE:** | | | | **Agency/Brokerage:** |
| **Type of Assistance Requested:(rent, deposit, etc.)** | | | | **AMOUNT REQUESTED:**  **$** | | | | **Month(s) Assistance is needed for:** |
| **Current Income:** Last 30 days **monthly** **net** **income** for all household members  \*Employment Income – submit last 30 days of paycheck stubs with application | | | | | | | | |
| Source:       Amount: | | Source:       Amount: | | | | | Source:       Amount: | |
| SNAP/Food stamp Amount: | | Source:       Amount: | | | | | Source:       Amount: | |
| **Current Expenses:** last 30 days expenses for ALL household members. Include move in costs if moving. Write ‘onetime’ if applicable. | | | | | | | | |
| Rent, Mortgage: $ | | Utilities: $ | | | | | Food (include SNAP amt): $ | |
| Cable TV: $ | | Telephone: $ | | | | | Internet: $ | |
| Medical: $ | | Credit Card: $ | | | | | Loan Pmts: $ | |
| Car Payments: $ | | Car Insurance: $ | | | | | Car Fuel/Oil: $ | |
| Bus Fare: $ | | School Expenses: $ | | | | | Childcare: $ | |
| Other:      $ | | Other:      $ | | | | | Other:      $ | |
| **Current Income** $ | **Current Expenses $** | | | | | **Income minus Expenses** = $ | | |
| **Future Income:** Anticipated  **monthly** **net** **income** for all household members following the receipt of assistance | | | | | | | | |
| Source:       Amount: | | Source:       Amount: | | | | | Source:       Amount: | |
| SNAP/Food stamp Amount: | | Source:       Amount: | | | | | Source:       Amount: | |
| **Future Expenses:** Anticipated expenses for ALL household members following receipt of assistance. Write ‘onetime’ if applicable. | | | | | | | | |
| Rent, Mortgage: $ | | Utilities: $ | | | | | Food (include SNAP amt): $ | |
| Cable TV: $ | | Telephone: $ | | | | | Internet: $ | |
| Medical: $ | | Credit Card: $ | | | | | Loan Pmts: $ | |
| Car Payments: $ | | Car Insurance: $ | | | | | Car Fuel/Oil: $ | |
| Bus Fare: $ | | School Expenses: $ | | | | | Childcare: $ | |
| Other:      $ | | Other:      $ | | | | | Other:      $ | |
| **Future Income** $ | **Future Expenses $** | | | | | **Income minus Expenses** = $ | | |

**Housing History & Plan**

1. **Reason for the Request:** **What are the circumstances that led to this request?**

1. **Housing Plan: What is the plan to address the housing issues and prevent them from happening in the future?**

1. Annual Gross Income:Last 30 days Gross Income of all household members, not counting foodstamps: $       **x 12 months = $**      Annual Total Gross Income
2. Other Resources/Assets:combined value of any financial asset or account **$**
3. Does the applicant have a representative payee?Yes No, If yes, who:
   1. If no payee, is a payee needed to achieve housing stability? Yes No N/A
4. Moving: If the applicant is moving:
   1. Is the move necessary or required? (must be yes to receive deposit assistance) Yes No N/A
      1. If yes, please explain why?
   2. Is the new unit subsidized housing (rent is based on a percentage of household income)? Yes No N/A
   3. If type is Section 8, please specify date of Home Forward inspection:
5. Subsidized Rent: Is the household’s rent based on a percentage of their income? Yes No
6. Does the applicant owe past rent/deposit beyond what is being requested? Yes No

If yes, please explain how debt will be paid:

1. Housing History: How long has applicant lived at current or most recent address?
2. Eviction: Did the applicant receive an eviction notice from the current property manager?

Yes (please attach) No

1. Utility Assistance: Does the applicant have a disconnection pending/shut off notice? (required to receive utility assistance) Yes (attach notice to this request) No N/A

**If your request is approved, it may be subject the the following requirements depending on the funding source utilized:**

**Income Restrictions:** Some funding sources restrict household gross income to either 50%, 60% or 80% of Median Family Income

**24 month life time limit:** Home Forward funding restricts assistance to a 24 month lifetime limit

**Subsidized Housing:** Some funding sources limit assistance to subsidized households to a maximum or 2 months per fiscal year and only if an unexpected rise in expenses or decrease in income has occurred.

**Late Fees:** must provide proof the late fee has been charged.

**Location:** some fund types limited to Portland Water Bureau service area

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print name of person completing this form Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Head of Household (can be obtained following approval) Date