|  |  |  |
| --- | --- | --- |
| **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