



## **2024 Community Action Application** **FOOD, ELECTRIC, UTILITIES, MORTGAGE & RENT**

Community Action funds are for lower income families who need assistance with food, electric, utilities, mortgage and rent. This program is based on your gross household income. Income eligibility limits are on the back of this page. In order for your application to be processed, you must provide the following information:

- List all members living in your household
- Provide verification of all sources of income for everyone in the household (the most recent 30 days of income, including paycheck stubs, social security award letters, child support, alimony, bank statement, etc.)
- If applying for electric assistance, provide a copy of the entire bill. If applying for propane, kerosene, oil, etc. you must provide the name of your vendor and the account number.
- If applying for rent or mortgage assistance, provide a copy of the mortgage statement, lease, or rental agreement.

**The yearly maximum amount paid per household is \$600 out of Community Action funds.** This excludes assistance with Food Gift Cards, After care and Summer Camp for Youth, and Training classes.

### **Electric bills:**

Under aged 60- A disconnect notice is required;

Aged 60 and older- No disconnect notice is required

**New: All applicants are required to pay 10% of their total electric bill prior to Community Action funds assisting.** We do not pay security deposits or balances from previous accounts outside of Goochland County.

**Oil/Propane/Kerosene/Heating Sources:** Payment will cover the cost of oil or propane assistance.

**Mortgage:** The funds do not cover legal fees or late fees. A copy of the mortgage statement is needed to verify the amount of the mortgage. A W-9 must be submitted from the mortgage company prior to a payment being made from Community Action funds.

**Rent:** Funds do not cover security deposits or late fees. Verification of rental agreement and a W-9 from the property owner is required prior to a payment being made from Community Action funds. The program does not cover the cost of renting a room.

\*Payments are made directly to the service provider/vendor. Goochland Community Action staff are the only persons permitted to authorize payments made by the program.

Your application will be evaluated for ALL Community Action program/funds.

√	<b>Application checklist:</b>
	Completed application with information for all people living in the home and the application is signed.
	Verification of income for all persons living in my household (including pay stubs, child support, alimony, bank statements, etc.)
	Supporting documents are attached (Utility bill, rental agreement, or mortgage statement)

<b>2024 Income eligibility guidelines</b>	<b>Gross Income (200%) TANF Funds</b>
<b>Family unit of 1</b>	<b>\$30,120</b>
<b>2</b>	<b>\$40,880</b>
<b>3</b>	<b>\$51,640</b>
<b>4</b>	<b>\$62,400</b>
<b>5</b>	<b>\$73,160</b>
<b>6</b>	<b>\$83,920</b>
<b>7</b>	<b>\$94,680</b>
<b>8</b>	<b>\$105,440</b>



<b>Person 2</b>	
Name (First and Last)	Do you have health insurance? <b>YES</b> or <b>NO</b> If so what type? (circle answer choice) <b>Medicaid, Medicare, Employment based, Other:</b> _____
Date of Birth:	Work Status: (circle answer choice) <b>Employed or Unemployed Part-Time, Full-time, Other:</b> _____
Social Security #	Is this person legally disabled? (circle answer choice) <b>Yes or No</b>
Marital Status:	Military Status: (circle answer choice) <b>Veteran, Active Military or Not applicable.</b>
Relationship to applicant:	Gender (circle answer choice): <b>Male or Female</b>
Education Level:	Housing Status: (circle answer choice) <b>Own, Rent, Homeless, Other:</b> _____
Race:	Ethnicity: (circle answer choice) <b>Hispanic, Not Hispanic,</b>

<b>Person 3</b>	
Name (First and Last)	Do you have health insurance? <b>YES</b> or <b>NO</b> If so what type? (circle answer choice) <b>Medicaid, Medicare, Employment based, Other:</b> _____
Date of Birth:	Work Status: (circle answer choice) <b>Employed or Unemployed Part-Time, Full-time, Other:</b> _____
Social Security #	Is this person legally disabled? (circle answer choice) <b>Yes or No</b>
Marital Status:	Military Status: (circle answer choice) <b>Veteran, Active Military or Not applicable.</b>
Relationship to applicant:	Gender (circle answer choice): <b>Male or Female</b>
Education Level:	Housing Status: (circle answer choice) <b>Own, Rent, Homeless, Other:</b> _____
Race:	Ethnicity: (circle answer choice) <b>Hispanic, Not Hispanic,</b>

<b>Person 4</b>	
Name (First and Last)	Do you have health insurance? <b>YES</b> or <b>NO</b> If so what type? (circle answer choice) <b>Medicaid, Medicare, Employment based, Other:</b> _____
Date of Birth:	Work Status: (circle answer choice) <b>Employed or Unemployed Part-Time, Full-time, Other:</b> _____
Social Security #	Is this person legally disabled? (circle answer choice) <b>Yes or No</b>
Marital Status:	Military Status: (circle answer choice) <b>Veteran, Active Military or Not applicable.</b>
Relationship to applicant:	Gender (circle answer choice): <b>Male or Female</b>
Education Level:	Housing Status: (circle answer choice) <b>Own, Rent, Homeless, Other:</b> _____
Race:	Ethnicity: (circle answer choice) <b>Hispanic, Not Hispanic,</b>

<b>Person 5</b>	
Name (First and Last)	Do you have health insurance? <b>YES</b> or <b>NO</b> If so what type? (circle answer choice) <b>Medicaid, Medicare, Employment based, Other:</b> _____
Date of Birth:	Work Status: (circle answer choice) <b>Employed or Unemployed Part-Time, Full-time, Other:</b> _____
Social Security #	Is this person legally disabled? (circle answer choice) <b>Yes or No</b>
Marital Status:	Military Status: (circle answer choice) <b>Veteran, Active Military or Not applicable.</b>
Relationship to applicant:	Gender (circle answer choice): <b>Male or Female</b>
Education Level:	Housing Status: (circle answer choice) <b>Own, Rent, Homeless, Other:</b> _____
Race:	Ethnicity: (circle answer choice) <b>Hispanic, Not Hispanic, Other:</b> _____

**Please circle the cause of economic hardship you or a person in your household have experienced (check all that apply)**

- Laid off
- Experienced a reduction in hours of work;
- Lost child or spousal support;
- None of the above situations applies to my family and me

How did you learn about the Community Action program? \_\_\_\_\_

**Income (Verification required for all income received within the past 30 days)**

<b>Name of person with income</b>	<b>GROSS amount of income</b>	<b>How often received</b>	<b>Source of Income (SSI, Child Support, Salary)</b>
<b>Banking Information- Name of Account Holder</b>	<b>Type of Account</b>	<b>Name of Bank</b>	<b>Balance in accounts</b>

➤ **PLEASE READ THE FOLLOWING STATEMENTS PRIOR TO SIGNING THIS APPLICATION:**

- By signing this application, the applicant confirms that all information provided is accurate. Failure to report accurate information is considered fraud. This includes failing to report all persons living in the household, failing to report all income from all sources, making false statements and withholding information. Failure to comply with program requirements could result in repayment of any benefits you receive and/or being ineligible for additional assistance. \_\_\_ **Initial**
- It is the responsibility of the applicant to provide all required documents to the agency. This includes the legal name of a company, an accurate address and account numbers. Failure to provide documents will result in this application being denied. Completion of this application gives the agency permission to verify sources of income. Approval of funds is contingent upon meeting the guidelines and the availability of funds. I fully understand the above statement. \_\_\_ **Initial**
- I give permission for this application to be reviewed by state and federal staff for program compliance purposes. \_\_\_ **Initial**
- I understand that my signature on this form gives permission to verify information concerning my need for assistance. \_\_\_ **Initial**

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use ONLY:**

<b>Approved or Denied</b>	<b>Type of Assistance</b>	<b>Amount approved</b>
	<b>Food Gift Card</b>	-----
	<b>Electric</b>	
	<b>Propane, Kerosene, Oil</b>	
	<b>Rent</b>	
	<b>Mortgage</b>	

**Funding Source:** \_\_\_\_\_

*CommunityActionProgram/ApplicationforCommunityAction/2024CommunityActionApplication.FOOD.ELECTRIC.UTILITIES.*