



## 2025 Community Action Application Food, Electric, Utilities, Mortgage, and 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, which is your income before taxes. Income eligibility limits are on the back of this page. **GCAP's ability to provide assistance is based on available funding.** Once all the funding has been used, program assistance may end. 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.

Don't have a computer? No problem! Please stop by the Goochland Social Services office. We have a computer in the waiting room you can use to obtain the documentation you need.

### **Electric bills:**

- Under age 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.

The yearly maximum amount paid per household for utilities (electric, oil, propane, etc.) is \$600 out of Community Action funds.

**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:**

- Verification of rental agreement and a W-9 from the property owner is required prior to a payment being made from Community Action funds.
- Funds do not cover security deposits, late fees, or the cost of renting a room.
- Rent assistance is paid based on the Fair Market Rent value, which is based on the number of bedrooms in the home. This information is verified by the Goochland GIS System.

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.

**Application Checklist**

√	Documents Needed
	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)

**Eligibility Criteria**

The eligibility criteria is determined each year by Congress.

2025 Income eligibility guidelines	Gross Income (200%) TANF Funds
Family unit of 1	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440

## Step 1 – Household Demographics

Please print clearly and fill out a demographic section for yourself and each member of your household. Marital options are divorced, married, single, separated, or widowed.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_


Mailing Address (if different from physical): \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Would you like to join our email list to receive updates of programs and events? Yes/No

**Please put a check beside the type of assistance requested:**

	Type of Assistance	Vendor/Landlord	Account Number/Landlord address
	Food Gift Card	Walmart	N/A
	Electric		
	Propane, Kerosene, or Oil		
	Rent		
	Mortgage		

Self	
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: Self	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>
Does your family currently receive SNAP or TANF? (circle answer choice) <b>Yes, No, Case Pending</b>	

Person 2	
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</b> <b>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>

Person 3	
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</b> <b>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>

Person 4	
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>

Person 5	
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>

## Step 2 – Household Income

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

<input type="checkbox"/>	Laid off
<input type="checkbox"/>	Experienced a reduction in hours of work
<input type="checkbox"/>	Lost child or spousal support
<input type="checkbox"/>	None of the above situations applies to my family and me

### Income

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

Name of Person with Income	Gross income (income before taxes)	How Often Received?	Source of Income (SSI, Child Support, Salary)

### Banking Information

Name of Account Holder	Type of Account (Checking, Savings)	Name of Bank	Balance in Accounts

How did you learn about the Goochland Community Action Program?

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### Step 3 – Verification

Please read the following statements prior to signing this application. Please initial next to each statement to acknowledge that you have read and understand.

Statement	Initials
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.	
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.	
I give permission for this application to be reviewed by state and federal staff for program compliance purposes.	
I understand that my signature on this form gives permission to verify information concerning my need for assistance.	

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You have completed the GCAP Application! Please double check you have all the supporting documents in the application checklist before submitting.

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For Office Use ONLY:

Approved or Denied	Type of Assistance	Amount approved
	Food Gift Card	-----
	Electric	
	Propane, Kerosene, Oil	
	Rent	
	Mortgage	
	Whole Family Program	

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