



Applicant Checklist

Name: _____ Date: _____

Documentation Required	Yes/No
Application Completed	
Copy of AZ driver's license	
Copy of physician's documentation (confirmation of diagnosis, including contact information for physician)	
Confirmation of LHC residency status (copy of utility bill or phone bill)	
Assistance Requested	Yes/No
HOUSING ASSISTANCE: Copy of rental agreement or invoice (payment stub) for mortgage payment.	
UTILITY ASSISTANCE: Copy of current statement which includes account number and service period.	
TRANSPORTATION ASSISTANCE: (Type: gas gift card)	
GROCERY ASSISTANCE: (Type: grocery store gift card)	