



Nelson County Community Development Foundation
 PO Box 57
 Lovingston, VA 22949
 434-263-8074

Application for Assistance

Please fill out the form below as completely as possible. We will assess your application as soon as we are able and get back to you. If we are able to assist you, then we will arrange a meeting to discuss your application.

The information collected in this form will be held privately. Please complete the entire form (excluding the optional section) before submitting this form to us. You can submit the form in person at **The Nelson Center, 8445 Thomas Nelson Highway, Lovingston, VA 22949** or by mail at the above PO Box. You can also email it to us at contact@nccdf.org.

NCCDF is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal considerations.

Application Date:

Primary Reason for your request for assistance:

- | | | | |
|--------------------------|------------------|----|---|
| <input type="checkbox"/> | Rent/Mortgage | \$ | <input style="width: 50px;" type="text"/> |
| <input type="checkbox"/> | Security Deposit | \$ | <input style="width: 50px;" type="text"/> |
| <input type="checkbox"/> | Utility Payment | \$ | <input style="width: 50px;" type="text"/> |
| <input type="checkbox"/> | Medical Bill | \$ | <input style="width: 50px;" type="text"/> |
| <input type="checkbox"/> | Grocery Gift | \$ | <input style="width: 50px;" type="text"/> |
| <input type="checkbox"/> | Card Gas Gift | \$ | <input style="width: 50px;" type="text"/> |
| <input type="checkbox"/> | Card Other | \$ | <input style="width: 50px;" type="text"/> |

How did you hear about NCCDF?

Head of Household Information

Applicant Name:

Address:

City: State: Zip:

Home Phone: Cell Phone:

Email: Gender:

Race: Education Level:

Date of Birth: Age:

Does anyone in your household have a disability? Y/N _____
 Are you a veteran? Y/N _____
 Best way to contact you: _____
 Are you employed? Y/N: _____ If yes, please complete the Employer section.

Employment Information:

Employer Name: _____
 Employer Address: _____
 City: _____ State: _____ Zip: _____
 Employer Phone: _____
 Employer Email: _____

Monthly Income by Source:

Gross Wages from Employment: _____
 Social Security: _____
 Disability: _____
 Child Support: _____
 Alimony: _____
 Other: _____

Other Household Members

Total Number in Household: _____
 Name: _____ Relationship: _____ Age: _____
 Monthly Income: _____ Source of Income: _____
 Name: _____ Relationship: _____ Age: _____
 Monthly Income: _____ Source of Income: _____
 Name: _____ Relationship: _____ Age: _____
 Monthly Income: _____ Source of Income: _____

Household Financial Information

Checking Account Balance: _____
 Savings Account Balance: _____
 Do you rent or own? _____

	Monthly Expenses	<i>Please provide copies of relevant bills in your name.</i>
Rent or Mortgage:	_____	
Insurance:	_____	
Utilities:	_____	
Taxes:	_____	
Other (Credit Card, Auto, Medical):	_____	

Submitting this form means that you understand that it is a criminal offense under the code of the United States to make willful false statements or misrepresentations of any information provided in the completion of this application. In addition, you attest that you have reviewed the information in this form and to the best of your knowledge, nothing has been omitted or misrepresented on this application.

I, _____, hereby give NCCDF permission to contact any persons, companies, or agencies I may be working with in order to verify and pay my requested assistance. I give my permission to release confidential information that will inform my case planning, identification of appropriate referrals, and assistance plan. This information may include contact information, financial information, employment information, support needs and household composition.

I give my permission for these agencies to exchange information about my case and circumstances in order to seek the resources that I might need at this time. I give permission to disclose or discuss any relevant personal information with the understanding that I can revoke this permission in full or in part at any time. This permission is in effect for three years from the date of signature, unless otherwise specified.

My signature below authorizes listed service providers to release specified information to agencies and individuals noted above. Further, if I am unable to participate in a determination of those services which would be of benefit to me, or my permission is needed in the future to authorize additional services for this program, my signature below authorizes the Housing Assistance Program to sign for assistance for me in my absence after receiving my verbal permission. This consent expires three years from today or when revoked in writing by the authorized person, or upon exit from the program. This authorization can be cancelled at any time in writing, however the cancellation will not affect any disclosures already made prior to the cancellation notice.

Signature:

Date:

Signature:

Date:

NCCDF Family Assistance Program
 Mortgage or Rent Funding Information Form

Date: _____

Tenant's Monthly Mortgage/Rent Amount	\$			
Number of Bedrooms in Home/Rental Unit				
Amount of Past Due Rent/Mortgage Owed (Enter the amount of past rent/mortgage due for each month and indicate total amount in bottom right)	January	\$	July	\$
	February	\$	August	\$
	March	\$	September	\$
	April	\$	October	\$
	May	\$	November	\$
	June	\$	December	\$
	Current Month's Amount of Mortgage/Rent Due	\$		
TOTAL AMOUNT of Mortgage/Rent Requested	\$			

DEMOGRAPHIC INFORMATION

Please enter the following information for the primary tenant/homeowner:

Race (check only one)

- Multi-Racial
- American-Indian or Alaska Native Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander White
- Don't know/refused

Ethnicity

- Hispanic or Latino
- Non-Hispanic or Latino Don't know/refused

SUPPORTING DOCUMENTS ATTACHED

Please check all that apply:

- Lease (only the pages of the current lease that specify the tenant's information, rent amount, and all signatures)
- Mortgage Statement
- Mortgage Company W-9
- Tenant Ledger and Associated Fees
- Income verification - check the document(s) attached:
 - Check stubs from employer/letter from employer
 - Bank statement
 - Unemployment insurance statement SSI/SSDI verification
 - Child support/alimony verification Zero Income Certification form
 - Other: _____

- I certify that the information I have provided in applying for assistance is true, accurate, and complete. Additionally, I certify that I have not received any other form of subsidy, financial assistance for mortgage/rent during the same time period.

Print name of Owner/Tenant	Owner/Tenant Signature	Date
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- (If applicable) I further certify that the third party identified below has my consent to sign documents on my behalf:

Print name of Authorized Representative	Authorized Representative	Date
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Signature Determination of eligibility completed by:

Print name of Staff Person	Staff Person Signature	Date
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AGENCIES

ABCC
Alliance for Interfaith Ministries (AIM) Albemarle Housing Authority
BankOn Greater C'ville
CARES
Charlottesville Redevelopment & Housing Authority (CRHA)
Charlottesville City Schools Charlottesville Free Clinic
County Schools (Albemarle, Fluvanna, Greene, Nelson, Louisa)
Community Case Review Process Departments of Social Services (Charlottesville, Albemarle, Fluvanna, Greene, Nelson, Louisa) Families in Crisis
Jefferson Area Board for Aging (JABA) Jefferson Area CHIP
Legal Aid
Love INC (In the Name of Christ) Martha Jefferson Hospital Mohr Center
Monticello Area Community Action Agency (MACAA)
Offender Aid and Restoration (OAR) On Our Own
PACEM
Partner for Mental Health Piedmont Housing Alliance ReadyKids
Region Ten Community Services Board Roanoke Mission
Salvation Army
Shelter for Help in Emergency (SHE) Social Security Administration
The Haven
Blue Ridge Area Coalition for the Homeless (formerly TJACH)
Blue Ridge Health District UVA Health Systems Valley Mission
Veterans Administration Virginia Supportive Housing WorkSource Enterprises

COMPANIES

AEP
CVCC
Mortgage
Companies
Landlords
Nelson Churches
Unity in Community