

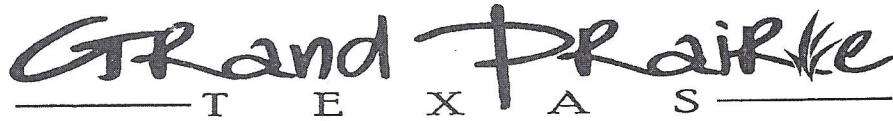
## **GPUC Financial Application Instructions:**

Please submit in person the **Financial Application** and the following required documentation:

1. Picture ID for all household members 18+
2. Social Security Cards for ALL household members
3. Proof of income for the past 60 days for all household members 18+. (No income, no worries. We have a non-employment affidavit for your use)
4. Lease or Mortgage Statement
5. Current bill(s) needing assistance
6. If the following apply, please submit: Child Support Documentation, Food Stamp Award Letter, Housing Award Letter, Social Security/Disability Award Letter

Please note: All required documentation must be received before an appointment can be made. Due to the number of caseloads, please allow 5-15 business days before resolution. However, we are dedicated to assisting our clients as quickly as possible.

# SECTION I



## Self-Certification of Income

Applicant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\* TOTAL NUMBER OF FAMILY MEMBERS \_\_\_\_\_ (Include Yourself, Spouse, Children, etc.)

### Household Members and Income (including applicant)

| Last Name | First Name | Age | Monthly Income | Source |
|-----------|------------|-----|----------------|--------|
|           |            |     |                |        |
|           |            |     |                |        |
|           |            |     |                |        |
|           |            |     |                |        |
|           |            |     |                |        |
|           |            |     |                |        |
|           |            |     |                |        |

Total Anticipated Annual Household Income: \_\_\_\_\_

**\*\*PERSONAL INFORMATION:** (Check one in each item. Information for Federal Reporting Purposes)

- a. ☐ MALE  
☐ FEMALE
- b. ☐ WHITE ☐ BLACK/AFRICAN AMERICAN ☐ BLACK/AFRICAN AMERICAN & WHITE  
☐ ASIAN & WHITE ☐ ASIAN ☐ AMERICAN INDIAN/ALASKAN NATIVE  
☐ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER  
☐ AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN  
☐ AMERICAN INDIAN/ALASKAN NATIVE & WHITE  
☐ BALANCE/OTHER
- c. ETHNICITY ☐ HISPANIC ☐ NON-HISPANIC
- d. DISABLED ☐ YES ☐ NO
- e. IS OWNER/BORROWER WOMAN HEAD OF HOUSEHOLD ☐ YES ☐ NO

### Certification:

I certify that the information I am providing is true and could be subject to verification at any time by a third party. I also acknowledge that the provision of false information could leave me subject to the penalties of Federal, State and local law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# Grand Prairie United Charities

## Client Intake Application – Page 1

### Personal Information (PLEASE PRINT)

|  |                                   |                                     |
|--|-----------------------------------|-------------------------------------|
| Name: _____  | Address: _____                    | Who referred you to GPUC? _____     |
| Sex: _____ Age: _____ Race: _____  | City: _____                       | _____                               |
| DOB: _____ SSN: _____  | Zip Code: _____                   | Marital Status (Circle one):        |
| Driver's License/ID#: _____  | County: _____                     | Single                      Married |
| Phone Number: _____  | Are you a U.S. Veteran?    Y    N | Separated                  Divorced |
| Alternate Phone Number: _____  |                                   | Email Address: _____                |
| Please check all that apply: (Optional) <input type="checkbox"/> Disabled <input type="checkbox"/> LGBTQ <input type="checkbox"/> Woman as head of household |                                   |                                     |
| Home ownership status (Circle one):    Rent    Buy    Own  |                                   |                                     |
| Other agencies where you have applied for assistance: _____  |                                   |                                     |
| Service you are applying for today: _____  |                                   |                                     |

### Household Income (PLEASE PRINT)

If you are applying for financial assistance, you must provide proof of income for the past 60 days.

What is the total **annual** income for all adult members of the household? \_\_\_\_\_

Does anyone in the household receive any of the following? Check all that apply.

☐ SNAP (Food Stamps)    ☐ TANF    ☐ Social Security    ☐ RSDI/SSI (Disability)    ☐ Child Support    ☐ Section 8

Does anyone in the household receive wages from work? Yes No If so, who is working? \_\_\_\_\_

Is anyone in the household interested in obtaining a GED? Yes No If so, who? \_\_\_\_\_

### All Household Members (Social Security numbers are required for all assistance except food)

|                      |                       |                            |
|----------------------|-----------------------|----------------------------|
| Name: _____          | Relationship: _____   | Social Security #: _____   |
| Date of Birth: _____ | Sex: _____ Age: _____ | Grade, if in school: _____ |
| Name: _____          | Relationship: _____   | Social Security #: _____   |
| Date of Birth: _____ | Sex: _____ Age: _____ | Grade, if in school: _____ |
| Name: _____          | Relationship: _____   | Social Security #: _____   |
| Date of Birth: _____ | Sex: _____ Age: _____ | Grade, if in school: _____ |
| Name: _____          | Relationship: _____   | Social Security #: _____   |
| Date of Birth: _____ | Sex: _____ Age: _____ | Grade, if in school: _____ |
| Name: _____          | Relationship: _____   | Social Security #: _____   |
| Date of Birth: _____ | Sex: _____ Age: _____ | Grade, if in school: _____ |

### It is against the law to falsify statements in order to obtain services.

I, \_\_\_\_\_, affirm that the above information is true and give my consent to Grand Prairie United Charities to verify this information through the Social Security Administration, Texas Workforce Commission, and other agencies whose documents I have presented to GPUC, so that I may receive services.

Signed: \_\_\_\_\_

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

# Grand Prairie United Charities

## Client Intake Application Page 2 – Additional Members of Household

Please fill out this form ONLY if you need additional room for household members on page 1

### All Household Members (Social Security numbers are required for all assistance except food)

|                      |                       |                            |
|----------------------|-----------------------|----------------------------|
| Name: _____          | Relationship: _____   | Social Security #: _____   |
| Date of Birth: _____ | Sex: _____ Age: _____ | Grade, if in school: _____ |
| Name: _____          | Relationship: _____   | Social Security #: _____   |
| Date of Birth: _____ | Sex: _____ Age: _____ | Grade, if in school: _____ |
| Name: _____          | Relationship: _____   | Social Security #: _____   |
| Date of Birth: _____ | Sex: _____ Age: _____ | Grade, if in school: _____ |
| Name: _____          | Relationship: _____   | Social Security #: _____   |
| Date of Birth: _____ | Sex: _____ Age: _____ | Grade, if in school: _____ |
| Name: _____          | Relationship: _____   | Social Security #: _____   |
| Date of Birth: _____ | Sex: _____ Age: _____ | Grade, if in school: _____ |

### It is against the law to falsify statements in order to obtain services.

I, \_\_\_\_\_, affirm that the above information is true and give my consent to Grand Prairie United Charities to verify this information through the Social Security Administration, Texas Workforce Commission, and other agencies whose documents I have presented to GPUC, so that I may receive services.

Signed: \_\_\_\_\_

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





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## AFFIDAVIT OF NON EMPLOYMENT/NO INCOME

\_\_\_\_\_  
Applicant

Instructions: All members (age 18 and older) of household applying for assistance through the HOUSING AND NEIGHBORHOOD SERVICES PROGRAMS are required to verify all income received. If any member of the applicant household, including the head of household, claims no income, he/she must read the following statement and complete the form below with all necessary information and signature(s).

.....

I, \_\_\_\_\_ am not employed at this time and do not  
have a personal continuing source of income. I have been unemployed from \_\_\_\_\_  
to \_\_\_\_\_. I UNDERSTAND THAT, IN THE CASE OF ANY  
MIS-STATEMENTS OF "no income", I may be liable for the full value of the financial  
assistance received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

WARNING: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful statements of misrepresentation to any Department or Agency of the United States Government as to any matter within its' jurisdiction.