

REQUIRED DOCUMENT LIST BELOW

Must Be Grand Prairie Resident. **NO** incomplete applications can be accepted. All financial assistance is subject to funding availability at the time of application and is on a first come basis/first serve basis.

Name: _____

County: _____

Before we can assist, we MUST have hardcopies of the following documentation. The process takes between 5 -15 business days before a check is sent to the provider.

Signature: _____

Date: _____

Identification Required:

_____ Photo ID (Required for all household members (18 and over))

_____ Social Security Cards (for ALL household members)

Proof of Income for ALL household members for the last 60 days: (All that apply)

_____ 2 Months Bank Statements/Secondary Cash Apps

_____ Affidavit of Non-Employment/No Income for All Adults

_____ ALL Paycheck Stubs for Last 60 Days

_____ Child Support Payment Documentation from the State or Affidavit

_____ Pension/Retirement/VA Benefits **AWARD LETTER**

_____ SNAP (food Stamp)/TANF Award Letter, **ALL PAGES**

_____ Social Security/RSDI/SSI **AWARD LETTER**

_____ Unemployment Benefits Statement of **Weekly** Payment (www.twc.state.tx.us)

Proof of Residence: (One of the following)

_____ Signed Lease / Mortgage Statement / Property Tax Statement

Monthly Rent Amount \$ _____

-OR-

_____ Section 8 Housing Assistance Letter **Required IF Applicable**

Original Bill: (In ADDITION to Disconnect Notice if applicable)

_____ Electricity for \$ _____

_____ Grand Prairie Water for \$ _____

_____ Gas for \$ _____



Grand Prairie United Charities Client Intake Application

Personal Information

Name: _____	Address: _____
Sex: _____ Age: _____ DOB: _____	City: _____
SSN: (optional) _____	Zip Code: _____
Driver's License/ID#: _____	County: _____
Phone Number: _____	

Marital Status (Circle one): Single Married Separated Divorced Widow

Rent Home: Y or N Buying/Own Home: Y or N

Other agencies where you have applied for or gotten assistance: _____

Service you are applying for today: _____

Check One: White____ Asian & White____ Native Hawaiian/Other Pacific Islander____
Black/African American____ American Indian/Alaskan Native____ Mixed/Other____

Check One: Hispanic _____ Not Hispanic _____

Circle All That Apply: Disabled Y or N Female Head of Household Y or N U.S. Veteran Y or N

Household Income

If you are applying for financial assistance, you MUST provide proof of ALL income for the past 60 days for the entire household.

What is the total estimated *annual* income for **ALL** adult members of the household? _____

Does anyone in the household receive any of the following? Check all that apply. (Documentation Required)

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

All Household Members

Name: _____	Relationship: _____	Current Income: _____
Date of Birth: _____	Sex: _____ Age: _____	SSN: _____
Name: _____	Relationship: _____	Current Income: _____
Date of Birth: _____	Sex: _____ Age: _____	SSN: _____
Name: _____	Relationship: _____	Current Income: _____
Date of Birth: _____	Sex: _____ Age: _____	SSN: _____
Name: _____	Relationship: _____	Current Income: _____
Date of Birth: _____	Sex: _____ Age: _____	SSN: _____

It is against the law to falsify statements in order to obtain service

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. Furthermore, GPUC is held harmless for services rendered.

Signed: _____

Date: _____

Grand Prairie United Charities operates in accordance with Federal Civil Rights Laws and U.S. Department of Agriculture (USDA) Civil Rights Regulations and Policies. The USDA, its Agencies, Offices, Employees, and Institutions participating in or administering USDA programs are prohibited from discriminating based on Race, Color, National Origin, Sex, Disability, Age, or Reprisal or Retaliation for prior Civil Rights Activity in any program conducted or funded by the USDA.



Grand Prairie United Charities

AFFIDAVIT OF NON-EMPLOYMENT/NO INCOME

Applicant #1 Name _____

Instructions: All members (age 18 and older) of household applying for assistance are required to provide verification of ALL income received. If any member of the applicant household, including the head of household, who claims no income, 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 (dates) _____ 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 #

.....
Name of Second Household Member _____

Instructions: All members (age 18 and older) of household applying for assistance are required to provide verification of ALL income received. If any member of the applicant household, including the head of household, who claims no income, 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 (dates) _____ 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.



Grand Prairie United Charities

DECLARACIÓN JURADA DE NO EMPLEO/SIN INGRESOS

Solicitante #1 Nombre _____

Instrucciones: Todos los miembros (mayores de 18 años) en el hogar que soliciten asistencia están obligados a proporcionar la verificación de **TODOS los ingresos recibidos**. Si algún miembro del hogar solicitante, incluido el jefe de familia, que no reclama ingresos, debe leer la siguiente declaración y completar el siguiente formulario con toda la información y firma(s) necesarias.

Yo, _____ no estoy empleado en este momento y no tengo una fuente personal continua de ingresos. He estado desempleado desde (fechas) _____ a _____.

ENTIENDO QUE, EN CASO DE CUALQUIER DECLARACION ERRONEA DE "no ingresos", puedo ser **responsable por el valor total** de la asistencia financiera recibida.

Firma

Fecha

Seguro Social



Nombre Del Segundo Miembro del Hogar _____

Instrucciones: Todos los miembros (mayores de 18 años) en el hogar que soliciten asistencia están obligados a proporcionar la verificación de **TODOS los ingresos recibidos**. Si algún miembro del hogar solicitante, incluido el jefe de familia, que no reclama ingresos, debe leer la siguiente declaración y completar el siguiente formulario con toda la información y firma(s) necesarias.

Yo, _____ no estoy empleado en este momento y no tengo una fuente personal continua de ingresos. He estado desempleado desde (fechas) _____ a _____.

ENTIENDO QUE, EN CASO DE CUALQUIER DECLARACION ERRONEA DE "no ingresos", puedo ser **responsable por el valor total** de la asistencia financiera recibida.

Firma

Fecha

Seguro Social

ADVERTENCIA: La Sección 1001 del Título 18 del Código de los Estados Unidos tipifica como delito hacer declaraciones intencionales de tergiversación a cualquier Departamento o Agencia del Gobierno de los Estados Unidos en cuanto a cualquier asunto dentro de su jurisdicción.