

72 Hour Due Date: _____ **Time:** _____

This office must make a determination from your previously submitted Application within 72 hours from the date and time listed above. We are still in need of the following documents. If you fail to provide these documents, your case will be denied and any assistance needed will require a new processing timeline. You can fax, email, or drop of these documents.

Name: _____ Todays Date: _____

Start date for documents: _____, 20____ **thru** _____, 20____

- ___ Application completed
- ___ Utility bills – gas, electric, water, sewer, telephone, trash, cable, internet (circle each asking assistance)
- ___ Cell phone: government free Y[] pre-paid Y[] mobile carrier Y [] monthly \$_____
- ___ Credit card statements for dates listed below;
- ___ Any other monthly obligations bills/statements (ie: Insurance, Auto Loans, Rent-to-own, etc)
- ___ Check stubs, award letters, and/or other information of any income you may have;
- ___ Food stamp information
- ___ Child support order documents and payments;
- ___ Receipts paid with cash that will not show on a pay card, credit card or bank statement;
- ___ Pay cards and any other type of bank card – printout statements;
- ___ Military background – DD214 (and benefit summary statement)
- ___ Identification – driver's license or State issued identification card;
- ___ Birth certificates for all minors
- ___ Social Security Card for ALL members of your household, including minors;
- ___ Copy of lease or mortgage (if asking for rental or mortgage assistance), and/or contract payments book, rent-to-own contract;
- ___ Rental affidavit (if asking for rental assistance) filled out and certified by the landlord (blue paper)
- ___ Verification of property taxes and homeowners' insurance if you own your property (if asking for mortgage assistance) or Rental Insurance if required to obtain by landlord;
- ___ Verification of any properties that you may own (land or building)
- ___ Verification of childcare and dependent care costs
- ___ If you are unable to work, the physician's statement indicating that you are unable to work including the parameter of time the physician anticipates your inability to work;
- ___ Proof of employment searches with login and password information provided (green paper);
- ___ Workfare Paper (orange paper);
- ___ WIC
- ___ Other: _____
- ___ Tax returns and W-2s and Documented Proof of Spending Funds (*Required January thru June*)