**Life Message Date**/fecha:

**Application for Assistance** (solicitud de ayuda)  **MUST HAVE: Picture ID & Proof of Residence**

proporcionar una identificacion con foto y prueba de residencia

**First Name**/nombre:       **Last Name**:       [ ]  M [ ]  F **Date of Birth**/fecha de nacimiento:      [ ]  Female Head of Household (mujer cabeza de familia)

 **Currently homeless?** (sin hogar) [ ]  yes [ ]  no **Staying with someone?** (quedarse con alguien) [ ]  yes [ ]  no

**FAMILY INFORMATION** / informacion de la familia - (living with you in your house/debe vivir con usted en su casa):

**\* SPOUSE / OTHER Name** (cónyuge / otro nombre): Birthdate:     /     /      [ ] M [ ] F

|  |  |  |
| --- | --- | --- |
| 1. Name/Nombre:       02. Name/Nombre:       3. Name/Nombre:       4. Name/Nombre:       Name/Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5. Name/Nombre:       6. Name/Nombre:        |  Relation (relacion)       Relation (relacion)        Relation (relacion)        Relation (relacion)        Relation (relacion)        Relation (relacion)         | Birthdate:     /    / [ ]  M [ ]  FBirthdate:     /    / [ ]  M [ ]  FBirthdate:     /    / [ ]  M [ ]  FBirthdate:     /    / [ ]  M [ ]  FBirthdate:     /    / [ ]  M [ ]  FBirthdate:     /    / [ ]  M [ ]  F |

**Address**/direccion:       **Home Phone**/telefono de la casa:

**City**/ciudad:       **Cell Phone**/telefono celular:

**State**/estado:       **Zip**/codigo postal:       **E-Mail**:

**Driver’s License #**:       **State**:       **Out of Country**:

**Language Spoken**/Idioma?

**RACE:**

[ ]  White [ ]  American Indian/Alaska Native [ ]  w/Hispanic Origin

[ ]  Hispanic or Latino [ ]  Black/African American & White [ ]  w/Hispanic Origin[ ]  Black or African American [ ]  w/Hispanic Origin [ ]  Native Hawaiian/Other Pacific Islander [ ]  w/Hispanic Origin

[ ]  Other Multi-Racial [ ]  w/Hispanic Origin [ ]  Am. Indian/Alaska Native & Black/Afr. Am. [ ]  w/Hispanic Origin[ ]  Asian [ ]  w/Hispanic Origin [ ]  American Indian/Alaska Native & White [ ]  w/Hispanic Origin

[ ]  Asian & White [ ] w/Hispanic Origin

**STATUS:** [ ]  Single (solo) [ ]  Married (casado) [ ] Living Together (viviendo juntos)

 [ ]  Separated (separados) [ ]  Divorced (divorciado) [ ]  Widowed (viudo)

**Is anyone in the home a Veteran? /** ¿Es usted veteran [ ]  Self [ ]  Spouse [ ]  Other [ ]  No

**Certification**

I certify this application has been completed to the best of my knowledge with complete & accurate information. I give Life Message and the City of Rowlettpermission to verify any and all information related to my eligibility for assistance. I understand any false statements or omissions of facts relevant to my eligibility will be considered fraud, and that I may be prosecuted under applicable U.S. Codes for this fraud.

**\*\* Signature** / firma: X

**Income Information *(use additional pages as necessary)***

*Income includes all money flowing into the household from all persons over 18 years old, plus benefits received on behalf of minor children.* ***Failure to disclose any income or assets is a criminal offense under Section 1001 of Title 18 of the U.S. Code****.*

**Are you or anyone else 18 years old or older in your household currently employed?** / ¿Estátrabajando actualmente [ ]  Yes [ ]  No

|  |  |  |
| --- | --- | --- |
| **Household Member** | **Employer** | **Monthly Amount Received** |
|       |       | $       |
|       |       | $       |
|       |       | $       |
| **Total Monthly Income from Employment**  | **(A) $**  |

**Are you or anyone else 18 years old or older in your household receiving any of the following?**

¿Usted o alguien más 18 años o mayores en su hogar recibiendo cualquiera de los siguientes?

|  |  |  |
| --- | --- | --- |
| [ ]  Insurance | [ ]  Workman Compensation | [ ]  Social Security |
| [ ]  SNAP/ WIC | [ ]  TANF (Temporary Assistance Need Families) | [ ]  Unemployment |
| [ ]  SSI (Supplemental Security Income) | [ ]  Disability | [ ]  Alimony |
| [ ]  Child Support | [ ]  NSLP (National School Lunch Program) | [ ]  Regular Gifts from Family/Friends |
| [ ]  Medicaid | [ ]  Interest from bank accounts or investments | [ ]  Other sources of income not listed above |

**If yes to any of the above, provide the following information**: Si sí a cualquiera de los anteriores, proporcione la siguiente información

|  |  |  |
| --- | --- | --- |
| **Household Member** | **Source of Income (Choose from the Above List)**  | **Monthly Amount Received** |
|       |       | $       |
|       |       | $       |
|       |       | $       |
| **Total Monthly Income from OTHER Income** | **(B)****$** |

**Total from Box (A)****+ Total from Box (B)****=** **X 12 = Yearly Income of $**

**Please circle the correct 2015 HUD Income Limits.** Favor de circular los límites de ingresos de HUD 2015 correcto

|  |  |  |  |
| --- | --- | --- | --- |
| **Household Member** | **Low Income (80%)** | **Very Low Income (50%)** | **Extremely Low Income (Below 50%)** |
| **1 Person** | 39,450 | 24,650 | 14,800 |
| **2 Person** | 45,050 | 28,200 | 16,900 |
| **3 Person** | 50,700 | 31,700 | 20,090 |
| **4 Person** | 56,300 | 35,200 | 24,250 |
| **5 Person** | 60,850 | 38,050 | 28,410 |

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**\*\* Signature** / firma: X