**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:       0  2. 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  F  Birthdate:     /    /  M  F  Birthdate:     /    /  M  F  Birthdate:     /    /  M  F  Birthdate:     /    /  M  F  Birthdate:     /    /  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