



JCCEO CSBG RENTAL ASSISTANCE PROGRAM

300 Eighth Avenue West
Birmingham, AL 35204

The JCCEO CSBG Rental Assistance Program provides crisis intervention assistance for eligible, low-income individuals and families in urgent need. The Services include assistance with prescriptions, rental and water utility payments. Emergency assistance services is dependent upon eligibility, documentation of need and the individual's application.

INSTRUCTIONS:

1. Complete application packet.
2. Include COPIES of required documents. (DO NOT INCLUDE ORIGINAL DOCUMENTS)
3. Place documents inside the large white envelope that has been provided for you.
4. Be sure to seal the envelope.
5. Drop in the designated Drop Box located at our headquarters location.

A client may be eligible for assistance from JCCEO as a result of the following situations:

1. Temporary loss of income.
2. Reduction in work hours or reduced pay (**PROOF REQUIRED**)
3. Death of an immediate family member (**PROVIDE PROOF OF DEATH AND OUT-OF-POCKET EXPENSES**)

REQUIRED DOCUMENTS:

1. **Lease agreement**
2. **Disconnected or pass-due water bill**
3. **Proof of income (previous month)**- for yourself and all household members- paycheck stub, social security award Letter, retirement income, unemployment compensation, child support documentation, alimony, veteran's payment, and rental income.
4. **Household members 18 years or older and reporting zero income are required to complete a (declaration of Household income form).**
5. **Picture ID, Driver's License, and Social Security Card for yourself and all household members**

JCCEO DROP BOX:

Please complete a paper application packet and put it in the drop box with copies of all the required documents. You will receive a call from one of our Intake Professional to review your application. If you have questions about rental assistance, please email us at csbg@jccceo.org

NOTE: Applications are available at our headquarters location between the hours of 9:00AM – 4:30PM

**JEFFERSON COUNTY COMMITTEE FOR ECONOMIC OPPORTUNITY****Emergency Assistance Application**

Date _____

APPLICANT INFORMATION

Last Name		First	MI	Social Security #	
Street Address				Apartment/Unit #	
City		State	ZIP	Email Address	
Home Phone		Cell Phone		Other Phone	
DOB		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		Primary Language <input type="checkbox"/> English <input type="checkbox"/> Other _____

Marital Status

- ☐ Married
☐ Never Married
☐ Divorced
☐ Separated
☐ Widow

Ethnicity

- ☐ Black
☐ White
☐ Native American
☐ Multi-Racial/Bi-racial
☐ Other

Education

- ☐ 0-8
☐ 9-12/Non-grad
☐ HS Grad/GED
☐ College Grad
☐ Graduate

Family Type

- ☐ Single (Female) parent living with children
☐ Single (Male) parent living with children
☐ Married living with children
☐ Single person living alone
☐ Married/no children in household
☐ Other _____

Applicant Characteristics: Check all that currently apply

- | | |
|---|---|
| <input type="checkbox"/> Head of household | <input type="checkbox"/> Disabled/Handicapped |
| <input type="checkbox"/> Head of household's spouse | <input type="checkbox"/> Head Start Parent |
| <input type="checkbox"/> JCCEO employee | <input type="checkbox"/> Battered Spouse |
| <input type="checkbox"/> Relative of JCCEO employee | <input type="checkbox"/> Ex-Offender |
| <input type="checkbox"/> No health insurance | <input type="checkbox"/> Non US Citizen |
| <input type="checkbox"/> Applicant | <input type="checkbox"/> DHR Recognized Household |

Housing Status

- ☐ Own
☐ Rent – unsubsidized
☐ Shelter/Transitional
☐ Homeless

Housing Expenses

Monthly rent (Total amount before discounts/assistance) \$ _____

Do you receive child support? ☐ No ☐ Yes \$ _____

If No, please explain _____

Applicant Income Information (Based on the previous month)

- | | | | | | |
|--|--------------------------|---------------------------------|------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Wages | Amount Received \$ _____ | <input type="checkbox"/> Weekly | <input type="checkbox"/> Bi-Weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Semi-Monthly |
| <input type="checkbox"/> SSI | Amount Received \$ _____ | <input type="checkbox"/> Weekly | <input type="checkbox"/> Bi-Weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Semi-Monthly |
| <input type="checkbox"/> Social Security | Amount Received \$ _____ | <input type="checkbox"/> Weekly | <input type="checkbox"/> Bi-Weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Semi-Monthly |
| <input type="checkbox"/> TANF | Amount Received \$ _____ | <input type="checkbox"/> Weekly | <input type="checkbox"/> Bi-Weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Semi-Monthly |
| <input type="checkbox"/> SNAP | Amount Received \$ _____ | <input type="checkbox"/> Weekly | <input type="checkbox"/> Bi-Weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Semi-Monthly |
| <input type="checkbox"/> Other _____ | Amount Received \$ _____ | <input type="checkbox"/> Weekly | <input type="checkbox"/> Bi-Weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Semi-Monthly |

Other Household Members (Do not include the applicant in this section)

Last Name	First Name	Relationship	Social Security #	Sex	DOB	Grade Level	Income	Source
				<input type="checkbox"/> M <input type="checkbox"/> F			\$	
				<input type="checkbox"/> M <input type="checkbox"/> F			\$	
				<input type="checkbox"/> M <input type="checkbox"/> F			\$	
				<input type="checkbox"/> M <input type="checkbox"/> F			\$	

STATEMENT OF NEED: State the situation that caused a need for Emergency Assistance.

I have read, understand and verify that all the information on this form is true.

Applicant's Signature _____ Case Manager's Signature _____



Declaration of Household Income

Instructions: This form is to be completed by the person applying for assistance if any of the following situations apply to the applicant and/or any household member age 18 and over for the previous month:

- *Had no income and verification cannot be obtained from a governmental entity such as the Department of Human Resources, Department of Labor, Public Housing manager, etc.*
- *Received income from occasional work such as lawn care, house cleaning, babysitting, car repair, etc. when a receipt book is not maintained.*
- *Received money from family/friends.*
- *Received income not reported elsewhere.*

Applicant's name (please print): _____

Applicant's address (please print): _____

Did you or any household member age 18 and over have **no income** last month? If so, complete the following for you and every adult:

Name	How long has this person had no income?

Did you or any household member age 18 and over receive income from **occasional work when a receipt book was not maintained**, receive **money from family or friends**, or receive any **income not reported elsewhere** last month? If so, complete the following for you and every adult:

Name	Amount	Source of income

How do you pay your ***rent/mortgage***? _____

How do you pay for ***food***? _____

How do you pay for your ***utilities***? _____

I certify that the information provided above is true and complete to the best of my knowledge. I understand I may be required to provide proof of any information given and that providing false information will invalidate this form and may require the repayment of any assistance received based on the false information. I understand that I am subject to all applicable Federal or State laws concerning fraud.

Applicant's Signature: _____ Date: _____



FY 2020

Low Income Home Energy Assistance Program (LIHEAP)
Client Home Energy Data Request Waiver

I, _____, am the customer of record, the customer's spouse, or an authorized agent/third party for the utility company and/or the fuel supplier that provides my household's home energy. I authorize my utility provider and/or my fuel supplier to disclose my customer data (including, but not limited to, energy cost, consumption and billing data) to the Alabama Department of Economic and Community Affairs for the purposes of verification, analysis and reporting.

I agree to hold harmless and/or release such companies from and against any claims, losses, demands, damages or liability of any kind caused by or allegedly caused by such disclosure.

The utility provider that provides electricity for my household is:

Company name: _____

My account number is: _____

My household's primary heating provider is:

Company name: _____

My account number is: _____

Applicant Signature

Date