

APPLICATION FOR ASSISTANCE

Project: _____ **Project #:** _____

Name: _____ **Date:** _____

Home Address: _____

Home Phone: _____

Age: _____ **Are You Presently Employed?** Yes ___ No ___

If “Yes”, Where? _____

Work Phone: _____ **Amount Applying For:** \$ _____

What Will This Assistance Pay For? _____

How Many Persons in Household? _____ **Are All in Household Related?** Yes ___ No ___

If “No”, Explain: _____

Total Gross Annual Household Income (Include income for all persons 18 years of age and over. If your household received money from pensions, Social Security, rental property, disability, etc., this should be included as income.):
\$ _____

Check all boxes that apply (if you check more than one box in any shaded category, please explain below in the “Applicant Comments” section):

ETHNICITY	
Hispanic	<input type="checkbox"/>
Non-Hispanic	<input type="checkbox"/>

GENDER	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

RACE			
White	<input type="checkbox"/>	Black / African American & White	<input type="checkbox"/>
Black / African American	<input type="checkbox"/>	Asian & White	<input type="checkbox"/>
Asian	<input type="checkbox"/>	American Indian / Alaskan Native & White	<input type="checkbox"/>
American Indian / Alaskan Native	<input type="checkbox"/>	American Indian / Alaskan Native & Black / African American	<input type="checkbox"/>
Native Hawaiian / Other Pacific Islander	<input type="checkbox"/>	Other Multi-Racial	<input type="checkbox"/>

OTHER REQUIRED DATA

Homeless		Abused Children	
Elderly		Battered Spouses	
Migrant Farm Worker		Illiterate Adult	
Mentally Disabled Adult		Person Living with AIDS	
Physically Disabled Adult		Female-Headed Household	

APPLICANT COMMENTS: _____

I certify that information given is true and accurate to the best of my knowledge. It is understood that the information will be used to monitor benefits provided by a HUD/CDBG Grant through the City of Harrisonburg.

_____ Date _____
Signature of Applicant

Given under my hand and seal of office this _____ day of _____, 20_____

Notary Public, Commonwealth of Virginia

FOR OFFICIAL AGENCY USE ONLY

NAME OF AGENCY _____

APPLICATION FOR ASSISTANCE

Amount of this Request: \$ _____ Project #: _____

If Approved:

I certify that this applicant meets the eligibility requirements as outlined by the City of Harrisonburg and HUD.

If Applicant qualifies under the household income limits, please check one:

Extremely Low Income (0-31% AMI) _____ Very Low Income (31-50% AMI) _____ Low & Moderate Income (51-80% AMI) _____

Approved by (Signature): _____ Date: _____

Print Name and Title of Approving Agent: _____

If Declined:

Reason: _____

Comments: _____
