



Rent, Mortgage and Utility (RMU) Funds Application

First Name: _____ Last Name: _____ Preferred Language: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Email Address: _____

Who referred you to North Light? How did you hear about us? _____

List any sources of household income for anyone above 18 years of age. Please attach copies of proof of income:

Income Type	Income Amount - SELF	Income Amount – Other Household Members
DPW: Cash Amount		
DPW: Food Stamps Amount		
Social Security Date Awarded: _____		
Disability Amount Date Awarded: _____		
Pension Amount Date of Check Stub: _____		
Unemployment Amount Date Awarded: _____		
Employment		
Total Income		

Name of Employer: _____

HOUSEHOLD INFORMATION

List all persons in household and include their relationship to you (*Please list yourself first*). If you do not know their birthdate, estimate their age as best as possible.

Date of Birth Or age	Full Name	Relationship to you	Disabled (Yes or No)	Male/Female (M or F)	Race/ Ethnicity*	Veteran (Yes or No)
___/___/___	_____	SELF	_____	_____	_____	_____
___/___/___	_____	_____	_____	_____	_____	_____
___/___/___	_____	_____	_____	_____	_____	_____
___/___/___	_____	_____	_____	_____	_____	_____
___/___/___	_____	_____	_____	_____	_____	_____
___/___/___	_____	_____	_____	_____	_____	_____
___/___/___	_____	_____	_____	_____	_____	_____
___/___/___	_____	_____	_____	_____	_____	_____

*Race/Ethnicity: Black/African American, Asian, Hispanic/Latinix, White, American Indian/Alaska Native, Native Hawaiian/Pacific Islander

PLEASE READ BEFORE SIGNING:

I do hereby give my consent to North Light Community Center for the release of the information contained on this form for the purpose of obtaining assistance through its Rent, Mortgage, and Utilities (RMU) Program. I understand that I may revoke this consent at any time except to the extent that information has been disclosed prior to revocation. This consent will remain in effect for 90 days. I also understand that the types and purpose of information to be disclosed is limited to that identified above. Finally, I understand that there could be a follow up call to assess how the grant benefited me. I agree to make North Light aware of my current situation upon receiving that call.

Client Signature: _____

Date: ___/___/___

For Administrative Use Only		
Total Annual Income: \$_____	% of FPIG: _____ %	Application Started: ___/___/___
Utility Paid: _____	Amt. Paid: \$_____	Identification Expiration: ___/___/___
Date Paid: ___/___/___	Check #: _____	Current Utility Bill: ___/___/___
Admin. Signature: _____		Proof of Income: ___/___/___
Date of Determination: ___/___/___		Application Completed: ___/___/___