



Housing & Utility Fund 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? _____

Check one for assistance: Rent Mortgage Utility Rent and Utility Mortgage and Utility

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 Housing & Utility Fund. 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: ___/___/___	Current Lease: ___/___/___
Utility(ies) Paid: _____	Amt. Paid: \$ _____	Identification Expiration: ___/___/___	Current Mortgage: ___/___/___
Date Paid: ___/___/___	Check #(s): _____	Proof of Income: ___/___/___	Current Utility Bill: ___/___/___
Housing Paid: _____	Amt. Paid: \$ _____	Application Completed: ___/___/___	Date of Determination: ___/___/___
Date Paid: ___/___/___	Check #: _____	Administrator Signature: _____	