\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant age marital status phone number email address

 \_\_\_\_\_\_\_\_\_\_

Address City zip code

Place of Employment address phone number

Spouse’s Place of Employment address phone number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child 18+ Place of Employment address phone number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Others in Household Employment address phone number

**FAMILY MEMBERS LIVING IN THE HOME OTHERS IN HOUSEHOLD**

Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name age Name age

Children

Name age Name age

 \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name age Name age

 \_\_\_\_\_\_

Name age

 \_\_\_\_\_\_

Name age

|  |  |  |  |
| --- | --- | --- | --- |
| **TOTAL HOUSEHOLD INCOME** | **AMOUNT** | **Weekly\_\_ Monthly\_\_** | **AMOUNT** |
| Wages, Salary, Tips, Commissions |  | Pensions |  |
| Self-Employment |  | Unemployment Insurance |  |
| Child Support Payments |  | Social Security Disability |  |
| Income from lodgers/boarders |  | S.S.I. |  |
| N.Y.S. Disability Payments |  | Survivor’s Benefits |  |
| Social Security/Retirement  |  | Veteran’s Benefits |  |
| Contribution for Shelter/Utilities |  | Worker’s Compensation |  |
| Temporary Assistance |  | Other (Specify) |  |

 **TOTAL HOUSEHOLD INCOME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EXPENSES** | **WEEKLY** | **MONTHLY** | **ANNUALLY** | **IN ARREARS** |
| Rent\_\_ Mortgage\_\_ |  |  |  |  |
| Utilities Heat |  |  |  |  |
| Phone |  |  |  |  |
| Electric  |  |  |  |  |
| Taxes |  |  |  |  |
| Medical Bills |  |  |  |  |
| Car Payment/Upkeep |  |  |  |  |
| Life Insurance . |  |  |  |  |
| Health Insurance |  |  |  |  |
| Loans |  |  |  |  |
| Food |  |  |  |  |
| Clothing |  |  |  |  |
| Child Care |  |  |  |  |
| Other (Specify) |  |  |  |  |

 **TOTAL HOUSEHOLD EXPENSES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Information provided below is not used to determine eligibility for receipt of grant funds**.

Does anyone in your household smoke? Yes\_\_\_\_ No\_\_\_\_

Have you ever applied for Temporary Assistance? Yes\_\_\_\_ No\_\_\_\_

Have you ever received Temporary Assistance? Yes\_\_\_\_ No\_\_\_\_

Are you presently receiving Temporary Assistance? Yes\_\_\_\_ No\_\_\_\_

If yes, name of your Case Worker and phone number: \_\_\_\_\_\_

**AMOUNT NEEDED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REASON FOR REQUEST – MUST BE AS A RESULT OF COVID-19** (type in or attach type-written response)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINT CASE MANAGER/INTAKE WORKER NAME CONTACT INFORMATION (TELEPHONE/E-MAIL)**

Grant Approved: \_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**PROVIDE NAME OF VENDOR AND APPLICANT’S ACCOUNT NUMBER**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Denied: \_\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE**: **COPIES OF 1) PAYSTUBS FOR THOSE EMPLOYED AND 2) THE UTILITY BILL ARE REQUIRED FOR AN APPLICATION TO BE CONSIDERED.**

*Funding for this program made possible by the U.S. Department of Housing and Urban Development through the Office of Community Development of the City of Kingston.*

*The United Way of Ulster County is committed to a policy of non-discrimination where the health and human service needs of Ulster County residents are addressed without regard to age, race, religion, gender, sexual orientation, disability, national origin, or any other classification or category.*

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