Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: TX, Zip: \_\_\_\_\_\_\_\_\_\_

Household Size: Adults (18+): \_\_\_\_\_ Children (17 - ): \_\_\_\_\_\_\_ Total: \_\_\_\_\_\_

Have you networked within your district or sent a Help Alert?  Yes  No If not, please network within in your district, if your district was unable to resolve the need, you can request additional support through a help alert: [helpalerts@svdpsa.org](mailto:helpalerts@svdpsa.org). If the need has not been resolved within 5 days, you have an option to send a referral to the Family and Community Assistance Program.

Send Referral form via fax or email to: 210-209-8733 or [FAC@svdpsa.org](mailto:FAC@svdpsa.org).

**Reminder:**

**Household on installment plans or whose service is not in jeopardy of disconnection, would not be eligible for utility assistance.**

**Households receiving Housing Choice voucher (section 8), Veteran Affairs Supportive Housing voucher (VASH) or residing in public housing would not be eligible for rental assistance.**

|  |  |
| --- | --- |
| **Utility** | **Rent Assistance** |
| Do you have a disconnection notice?  Yes No  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount: $ \_\_\_\_\_\_\_\_\_ | Do you have a notice to vacate/eviction?  Yes  No  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount: $ \_\_\_\_\_\_\_\_\_\_ |
| Is the utility bill in the name of an adult currently living in the home?  Yes  No | Is the lease / rental agreement in the name of an adult currently living in the household?  Yes  No |

**Income Information** for all household members 18 and over:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of Income | Weekly | Bi-Weekly | Semi Monthly | Monthly | Type of Income | Weekly | Bi-Weekly | Semi-Monthly | Monthly |
| Employment |  |  |  |  | TANF |  |  |  |  |
| Unemployment |  |  |  |  | Child Support |  |  |  |  |
| SSI |  |  |  |  | Other |  |  |  |  |
| SSDI |  |  |  |  |  |  |  |  |  |
| Workers Comp |  |  |  |  |  |  |  |  |  |

Total Monthly Income: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Income Limits** (Summarized)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Household Size: | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Income Limits | 150% FPL | $18,210 | $24,690 | $31,170 | $37,650 | $44,130 | $50,610 | $57,090 | $63,570 |

|  |
| --- |
|  |

**Conference Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_