



AGAPE COMMUNITY SERVICES

Rental or Utilities Assistance Application **Required Application Documents Checklist⁺**

The following documents must be included with your application for the Low Income Rental or Utilities Assistance Program. Please read the list carefully. Failure to include all required documents may result in the denial or delay the processing of your application. Please do not send originals of any documents. The Program is not responsible for the return of any original documents received.

1. Proof of Identification: Social Security cards for all members in the household and: Birth certificates for infants under the age of 6 months. Custody or guardianship documents for minors not living with parents. Documentation for all foster children in the household (A letter from DYFS or other social service agency).

2. Proof of Income: All earned income information for everyone 18 years and older who resides in the household: (Please include all documentation which applies to members of your household) All documentation below if applicable. Unearned income is counted for every member of the household.

Earned and Unearned Income

- a. Copy of last year's income tax return is required.**
- b. Copy of the last three months bank statement**
- c. Copy of paystubs for last 3 months.**
- d. Pension, veteran and disability, Social Security or SSI benefits: Copy of checks or benefit award letter.**
- e. Unemployment benefits: Copy of award statement or 2 benefit pay stubs.**
- f. Child support/Alimony: Statement of total monthly support.**
- g. Rental Income: Lease income from all tenants.**
- h. TANF or General Assistance (welfare): Award Letter or printout.**
- i. Interest or Dividends: Bank statement, Investment company statement.**

Unemployed household members over 18 must have the following:

- a. Zero Income Statement (Applicant)**
- b. Zero Income Statement for other member of household**
- c. If a full time student (other than applicant), a letter which must be on school letterhead.**
- 3. If you rent:** Current rent receipt and/or current lease agreement.
- 4. If you own your home:** Proof of ownership: Copy of mortgage, tax bill, or deed.
- 5. Current energy bills:** (Please include all that apply)
 - a. Gas and electric bill.**
 - b. If your primary source of heat is other fuels, such as oil or propane, provide a copy of your bill.**
- 6. Proof of U.S. Citizenship or Legal Residency Status:** (Please provide one of the following)
 - a. Social Security card.**
 - b. Copy of Medicaid/Medicare card.**
 - c. Documentation from U.S. Department of Citizenship and Immigration Services.**
 - d. USCIS Temporary Work Permit.**
- 7. Referral Letter**
qA referral letter from, clergy, counselor, supervisor or employer whom you have known for at least a year is required to explain your situation and recommend for the assistance.

+ Please Note: In certain cases, additional documentation may be required. If you cannot provide a required document. In some cases, you may be able to substitute it with a different document.

1- Applicant Address

Last Name **First Name** **MI**

Street Address **Apt #**

City **NJ State** **Zip Code:**

Telephone Number

2- Housing Type

Owned

Rented

Resident Rent Free

3- Mailing Address

Street Address **Apt #**

City **NJ State** **Zip Code:**

Telephone Number

4- List all household members including applicant (Please Print)

	Name	M/F	Date of Birth	Relation	Social Security Number	US Citizen		Disable?	
1				Applicant					
2									
3									
4									
5									
6									
7									
8									
9									
10									

5- Please answer the following questions:

1. Do you own a home? Yes No
2. Do you pay for your own heat? Yes No
- *If no, check the alternative that best describes your heating arrangement:**
- A. My heat is paid by others.
- B. My heat is provided by a Public Housing Authority, or I receive a rent subsidy and my heat is included in my rent.
- C. I pay only for a secondary source of heat (such as a wood stove, a kerosene stove, electric heater, etc.)
- D. My heat is included in my rent, which is not subsidized.
- E. I pay a separate charge to my landlord for heat.
3. Do you live in subsidized housing? Yes No
4. Do you receive rental assistance? Yes No
5. Do you live in a Residential Health Care Facility? Yes No
6. Is anyone in your household receiving TANF? Yes No
7. Is anyone in your household receiving Food Stamps? Yes No

6- Are you applying for:

- Rental Assistance
- Utility Bills Assistance

7- Primary Heating Fuel Type:

- Oil
- Electricity
- Propane
- Kerosene
- Wood
- Coal
- Natural Gas

8- Utilities Account Information

Heating Fuel Account #

Heating Fuel Supplier Name

Natural Gas Account #

Natural Gas Supplier Name

Electric Account #

Electric Supplier Name

9- Income - List the income for all household members over the age of 18 (Please Print)

	Name	Pay Cycle*	Amount	Income Source*
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

*Income Sources	*Pay Cycle
Wages	Weekly
Unemployment	Bi-Weekly
Workers Comp	Monthly
Social Sec. Benefits	Bi-Monthly
SSI Benefits	Annual
Pension	
Veteran's Benefits	
TANF	
Alimony	
Child Support	
Interest/Investment	
Family Contributions	
Gifts	
Rental Income	
Other (Please specify)	

10- Applicant Certification

I certify that information given in this application is true, complete and correct to the best of my knowledge. I understand that I must furnish verification or proof of income. I also give my consent to verify my income from any other sources. I understand that my Social Security Number will be used to request and exchange information with other agencies and authorizing companies as part of the eligibility verification process. Agape Community Services (ACS) may use my Social Security Number to get wage data, amount of earned income, interest income, Social Security benefits, pensions, or veteran's benefits. As part of the eligibility verification process ACS has my permission to contact other agencies on my behalf to establish eligibility. I understand that I may request an administrative review and/or fair hearing if I am not satisfied with any action taken as a result of this application. I am aware that I may be penalized by fine and/or imprisonment for making false statements on this application and may be required to repay benefits received as a result of false statements.

I grant permission to the (administering agency) or its designee and to a representative of ACS to inspect heating fuel and utility billing records for (applicant address) _____. The information on this application will also be used to determine eligibility government related programs for which I may be eligible. I direct the appropriate persons, banks, utility and fuel companies to make such records available to (the administering agency) or its designee.

By signing below I acknowledge that additional information or documentation may be necessary to determine or confirm my household's eligibility for assistance. I agree to cooperate in any reasonable requests to provide information, and understand that my failure to cooperate may result in termination, suspension, or repayment of assistance.

11- SIGN FULL NAME BELOW

SIGNATURE: _____ DATE: _____
Signature of Applicant (must be same as person listed in #1)

If someone helped the applicant complete this application, such person must sign below.

SIGNATURE: _____ DATE: _____
Signature of Helper / Authorized Representative *Month-Day-Year*