



Application for Family Support Services

Application Instructions

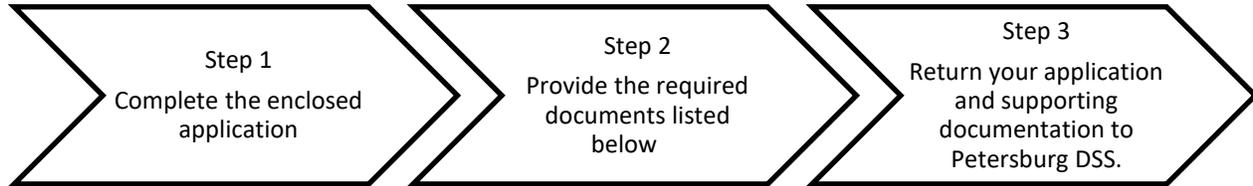


Photo ID for the Application (Please Submit one of the following)

- Driver's License or other government issued identification card
- Work ID
- School ID

Proof of Custody /Guardianship (Please Submit one of the following)

- Birth Certificates with applicant's name of all children in the household
- Court ordered Custody agreement (if applicable) of all children in the household
- Diversion of paperwork from LDSS and /or Notarized Guardianship documentation

Proof of Residence (Please submit one of the following)

- Current residential lease mortgage agreement between the applicant, the landlord, property management agent or company.

Proof of Household Income (Required for every adult household member)

Verifications of all sources of income required

- Copies of last two recent paychecks
- Supplemental Security Income (SSI) and Social Security Disability Insurance(SSDI)
- Temporary Assistance Needy Families (TANF)
- Supplemental Nutrition Assistance Program (SNAP)
- Child Support
- Pensions
- Workmen's Compensation Benefits
- Workers should perform a search of SPIDER as a part of the application review

Social Security Number Verification for all Household Members

- Social Security Cards

Utility Bill Verification

- Most recent electric and heating bill (If applicable) in the applicants name and cut off notice if applicable



Application for Family Support Services

Date: _____

Intake Worker: _____

Applicant Name (Last, First, MI):	
Address:	
Date of Birth (DOB):	Social Security Number (SSN):
Applicant Phone:	Applicant Email:

Type of Support Requested: (Check all that apply)

- Housing Assistance – More than 1-month Past Due Rent/Mortgage
- Housing Assistance- Rent/Mortgage – less than 1 month past due
- Utility Assistance - Electric
- Utility Assistance – Gas
- Utility Assistance – Water
- Housing Information (If applicable)

Rental Information (If applicable)

Monthly Rent:	Monthly Due Date:	Amount Due: Months Past Due:
Landlord/ Legal Property Owner:		
Management Company (If applicable):		
Management Telephone Number:		
Address (Property Owner/ Management Company):		

Utility Information (If applicable)

Amount Due:	Monthly Due Date:	Months Past Due:
Service Provider:		
Account Number:		



Application for Family Support Services

Household Budget Sheet

Monthly Income:

- 1. \$ _____ (net or gross) Source: Employment
 - 2. \$ _____ (net or gross) Source: SSI/SSDI
 - 3. \$ _____ (net or gross) Source: Child Support
 - 4. \$ _____ (net or gross) Source: Other: _____
 - 5. \$ _____ (net or gross) Source: Other: _____
- \$ _____ **TOTAL MONTHLY INCOME**

Benefits Information

Instructions: If you are receiving benefits, please provide the following information below.

Benefit Type	Amount Received
SNAP	
TANF	
SSI	
SSDI	
Child Support	
Fuel Assistance	
Other:	

Monthly Expenses:

- | | | | |
|---------------|----------|------------------|----------|
| Mortgage/Rent | \$ _____ | Cable/Satellite | \$ _____ |
| Utilities | \$ _____ | Internet Service | \$ _____ |
| Groceries | \$ _____ | Car Payment(s) | \$ _____ |
| Phone(s) | \$ _____ | Credit Cards(s) | \$ _____ |
| Insurance(s) | \$ _____ | Misc./Other | \$ _____ |

\$ _____ **TOTAL MONTHLY EXPENSES**

Use this space to provide any additional information about your household income or expenses:



Application for Family Support Services

Household Information:

Instructions: Fill in all spaces below for **ALL** household members.

Total # of household members is: _____

Total # of household members under the age of 18: _____

First & Last Name	Social Security Number	Date of Birth	Relationship To Applicant	SEX	Race
1.			Self		
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

**if there are more than 15 household members, please include additional members on a separate sheet of paper.*



Application for Family Support Services

Applicant Certification

Initial Each of the certification statements below and sign.

_____ I certify that the application and all documents submitted with this application are complete and accurate, and that an application submitted without the required documents will be considered incomplete and subject to denial.

_____ I realize that if I give incorrect information, my application could be denied.

_____ I understand that I can only receive crisis assistance from Petersburg Department of Social Services Crisis Intake once during a 12-month period.

_____ I also understand that this program is subject to funding availability.

_____ I hereby give the agency permission to contact my landlord, property management agent or company to pay down rentals in arrears (if applicable).

_____ I hereby give the agency permission to contact Dominion Energy/ Columbia Gas to pay down utilities in the arrears (if applicable)

_____ I understand that receiving Family Service Assistance requires participation of my family in case management services with the PDSS DFS In- Home Services Unit.

Applicant Signature:

_____ **Print Name**

_____ **Date**

_____ **Signature**

Additional Head of Household Signature (if applicable):

_____ **Print Name**

_____ **Date**

_____ **Signature**