



## CITY OF DANVILLE (TANF) ASSISTANCE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER: ( ) \_\_\_\_\_ MESSAGE NUMBER ( ) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ AGE: \_\_\_\_\_

RACE PLEASE CHECK: NATIVE AMERICAN \_\_\_\_\_ ASIAN \_\_\_\_\_ BLACK/AFRICAN AMERICAN \_\_\_\_\_

WHITE/CAUCASIAN \_\_\_\_\_ NATIVE HAWAIIAN/PACIFIC ISLANDER \_\_\_\_\_ OTHER \_\_\_\_\_

Status: Single  Married  Divorced  Separated  Widowed

1. UTILITY ASSISTANCE

RENTAL ASSISTANCE

PLEASE CHECK YOUR HARDSHIP: GIVE DETAILED EXPLANATION OF THIS HARDSHIP BELOW

- |   |  |
|---|--|
| <input type="checkbox"/> 1. JOB LOSS          | <input type="checkbox"/> 4. LOSS OF HOME - SUCH AS FIRE, EVICTION, STORM   |
| <input type="checkbox"/> 2. MEDICAL EMERGENCY | <input type="checkbox"/> 5. LOSS INCOME EXAMPLES: SSI, DISABILITY, SOC SEC |
| <input type="checkbox"/> 3. DEATH             | <input type="checkbox"/> 6. OTHER  |

2. HOW DO YOU PLAN TO PAY ((UTILITY OR RENT)) NEXT MONTH?

3. WILL/HAVE YOU RECEIVE FUEL ASSISTANCE? YES \_\_\_\_\_ NO \_\_\_\_\_

4. HAVE YOU RECEIVED HELP HERE BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_

5. PAST DUE AMOUNT \$ \_\_\_\_\_

6. CAN YOU CONTRIBUTE FUNDS TOWARD THIS ACCOUNT? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE LIST THE AMOUNT YOU CAN CONTRIBUTE \$ \_\_\_\_\_



PITTSYLVANIA COUNTY COMMUNITY ACTION INC  
 348 N MAIN ST \* PO BOX 1119  
 CHATHAM VIRGINIA 24531  
 EVERLENA ROSS, EXECUTIVE DIRECTOR



**SOURCES OF INCOME**  
**DOLLAR AMOUNT**

**JOB** WEEKLY \$ \_\_\_\_\_  
**EARNINGS** BI-WEEKLY \$ \_\_\_\_\_  
 MONTHLY \$ \_\_\_\_\_

**GOVERNMENT BENEFITS**

TANF \$ \_\_\_\_\_  
 SOCIAL SECURITY \$ \_\_\_\_\_  
 SSI \$ \_\_\_\_\_  
 VETERAN BENEFITS \$ \_\_\_\_\_  
 DISABILITY \$ \_\_\_\_\_  
 UNEMPLOYMENT \$ \_\_\_\_\_

**OTHER INCOME**

RETIREMENT \$ \_\_\_\_\_  
 OTHER INCOME \$ \_\_\_\_\_  
 RECEIVE CHILD SUPPORT \$ \_\_\_\_\_

**PENDING CHILD SUPPORT CASE**

YES \_\_\_\_\_ NO \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY**

SNAP AMOUNT \$ \_\_\_\_\_  
 FUEL ASSISTANCE \$ \_\_\_\_\_  
 MEDICAID \_\_\_\_\_  
 MEDICARE \_\_\_\_\_  
 WIC \$ \_\_\_\_\_  
 EMPLOYER INSUR \_\_\_\_\_

**\*\*MONTHLY EXPENSES\*\***

RENT \$ \_\_\_\_\_  
 MORTGAGE \$ \_\_\_\_\_  
 CELL PHONE \$ \_\_\_\_\_  
 MEDICAL \$ \_\_\_\_\_  
 CAR PAYMENT \$ \_\_\_\_\_  
 INS MED/CAR \$ \_\_\_\_\_  
 CABLE \$ \_\_\_\_\_  
 DAY CARE \$ \_\_\_\_\_  
 CREDIT CARDS \$ \_\_\_\_\_

I authorize *Pittsylvania County Community Action, Inc.* to contact and share information with any source necessary to process this application. *Pittsylvania County Community Action, Inc.* , if contacted we will verify any assistance that you received. I certify that I have read and understand the attached guidelines. I also certify that the information provided is true and I understand if I give false or misleading information, my request will be denied, and may be referred for prosecution, if warranted.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**~~LEARN ABOUT FINANCIAL FREEDOM~~**

**IN ORDER TO RECEIVE SERVICE IN THE FUTURE YOU WILL BE REQUIRED TO ATTEND A ONCE A WEEK CLASS FOR SIX (6) WEEKS ON "HOW TO MANAGE YOUR FINANCES"**

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_