

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



PITTSYLVANIA COUNTY (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 \$ _____

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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** _____