

**PLEASE READ BEFORE COMPLETING A REQUEST FOR ASSISTANCE:
SUPPORTING DOCUMENTS ARE REQUIRED FOR A COMPLETE APPLICATION**

Assistance to complete this packet is available upon request.

A request for assistance is considered incomplete and pending until you provide the requested documentation noted on the Need Assessment/Request for Assistance application.

You may be asked to provide additional documents.

Please note: a request for assistance is not a guarantee of assistance and is dependent on the availability of funding.

Within 5 business days after submitting your application, you will be contacted by telephone. Please be sure your phone voice mail box is set up and able to accept messages.

You may scan the documents with a desk scanner or make photocopies. Photographs are acceptable, but we may ask for the original document if the photo is not readable.

PLEASE COMPLETE, SIGN/INITIAL ALL PAGES THAT ASK FOR YOUR SIGNATURE OR INITIAL.

Release of Information is required from each adult (18 and older) member of the household.

INCLUDE COPIES OF THE FOLLOWING:

- **Picture ID** (Driver's License, Identification Card, School Photo ID, etc.) for household members 18 years of age and older
- **Proof of earned and/unearned income** received in the last **60 days** for all household members 18 years and older.
- **Proof of Hardship:**
 - **Past due utilities:** include a copy of your current utility bill(s) - front and back - and any disconnection notices for: electric, gas, or water.
 - **Past-due rent:** please include your landlord's name, address, phone number, and email and a current rent ledger. Please also include any late rent notices you have received.
 - **Security Deposit:** please include prospective landlord's name, address, phone number, and email.

Updated 2022.04

Need Assessment/Request for Assistance

Name: _____

Phone Number: _____

Email: _____

**A REQUEST FOR ASSISTANCE DOES NOT GUARANTEE APPROVAL.
 INCOMPLETE APPLICATIONS CANNOT BE PROCESSED AND WILL BE RETURNED.**

RENT/ SECURITY DEPOSIT

1. Are you requesting assistance for a security deposit? Yes No
 Amount of security deposit requested: _____
2. Are you requesting assistance with rent? Yes No
 - a. What is your monthly rent payment? ____ Number of bedrooms: ____
3. Past due rent owed? **Include copy of current rent ledger.** Yes No
 - a. How many months behind are you? ____ b. How much do you owe? _____
4. Are you being evicted? Yes No
5. Did you receive written 3-Day Notice to Evict or eviction hearing summons? **Include copy of notice or court summons.** Yes No
6. Do you have a written lease? Yes No
 - a. Landlord Name: _____
 - b. Phone Number: _____
 - c. Landlord mailing address: _____
 - d. Landlord email: _____
 - e. Is this your primary residence? Yes No
7. Have you applied for North Dakota Rent Help (NDRH)? Yes No
 - a. Status of application: Denied Approved Pending
 NDRH APPLICATION NUMBER: _____

UTILITIES/WATER BILLS:

8. Are you requesting assistance with utilities? Yes No
9. Are your utilities past due? **Include copy of current bill.** Yes No
 - a. How many months behind are you? ____

Utility Company/ Water Bill Information	Account Number	Amount Owed

Need Assessment/Request for Assistance

FINANCIAL HARDSHIP SINCE MARCH 2020:

10. Have you experienced financial hardship since March 2020?

- Yes No
- a. Business Closed? Yes No
 b. Job loss? Yes No
 c. Furloughed or Reduced hours? Yes No
 d. Last Date Worked: _____
 e. Other? _____

HARDSHIP STATEMENT: Use this space to provide additional information you feel would help us to understand your situation.

OTHER BENEFITS

11. Have you applied for/been approved for any of the following?

- a. Unemployment benefits Yes No
 Start Date: _____ End Date: _____
 Amount per week: _____
- b. LIHEAP (heating assistance) Yes No
 c. SNAP (food stamps) Yes No
 d. Medicaid/Medicaid Expansion Yes No
 e. WIC Yes No

Need Assessment/Request for Assistance

ELIGIBILITY CANNOT BE DETERMINED WITHOUT THE FOLLOWING INFORMATION:

HOUSEHOLD INCOME:

Wage earners: **provide wage stubs** showing gross earnings for past month and the current month. If paid in cash, **provide copy of payment ledger from employer**

Social Security, SSI, Veteran benefits, pensions, other income: **provide recent award letter** or bank statement showing direct deposit

Unemployment: **provide statement of eligibility or payment history**

Child support: **provide print-out of payments received.**

Family support: **provide signed statement from family member.**

Wages/Household income:

Household member	Employer	How often paid	LAST MONTH income	THIS MONTH income	NEXT MONTH income

Total household income earned/received in 2021: _____

AMOUNTS SPENT THIS MONTH for the following, including any additional information on a separate sheet that you think will help us review your application. If you currently do not have income, please also complete **"Zero Income section"**.

Food – Total cost	Less SNAP benefit	Your cost
Rent/mortgage-Amount you pay	Homeowner/Renter insurance	Electricity
Water	Heat	Phone (Land/cell)
Other utilities	Prescriptions – paid	Medical bills/ins premium
Gas or Other Transportation Costs	Vehicle insurance (1 month)	Vehicle payment (1 month)
Day care	Clothes for Employment	Personal care costs
Tobacco/Vape supplies	Alcohol	Pet Care/supplies
Other:	Other:	Other:
Total Monthly Expenses:	Total Monthly Income	Balance

Need Assessment/Request for Assistance

ZERO INCOME Information

Your request for rent and/or utility assistance may depend on your ability to pay for these expenses after Community Action's assistance.

If you had zero (\$0) income for the past 30 days or are currently claiming zero income, please answer the following questions.

1. What was the total income for all members of your household for the past 60 days?

2. How do you pay your utility bills?

3. How do you pay for your housing?

4. How do you get food for your household?

5. Have you or any members of your household applied for any benefits/programs? (such as SSI, Social Security, TANF, SNAP, LIHEAP Heating Assistance, Unemployment, Housing Voucher, Public/General Assistance). Please list HH member and program applied/approved for:

I certify that the information I have given above is correct and complete to the best of my knowledge. I understand that any assistance I receive that is based on false information must be repaid and could result in a fine, imprisonment, or both.

Signature of Applicant _____

Date _____

Staff Signature _____

Date _____

Need Assessment/Request for Assistance

Please initial each line indicating that you have read and understand the following conditions:

___ In consideration of agency's assistance with my situation, I agree to hold harmless Community Action Partnership and its agent and/or its employees from all claims or causes of actions arising or which may arise from mistakes, errors, or omissions regarding said assistance.

___ I understand that Community Action Partnership may not be able to make payment in full and I may be required to make a copayment towards the outstanding debt.

___ If I am requesting housing assistance, the property may need to pass a safety/habitability inspection and all paperwork must be completed before final determination of approval of the security deposit assistance.

___ If I sign the lease or move in prior to the inspection (if required) or final approval of financial assistance, the housing assistance request will be voided.

Signature of Primary Applicant

Date

**AUTHORIZATION FOR RELEASE OF INFORMATION – CLIENT SERVICES/PAYEE SERVICES
COMMUNITY ACTION PARTNERSHIP REGIONS I & VIII**

120 Washington Ave, Williston, ND, 58801 P: (701) 572-8191 F: (701) 572-8192
202 E. Villard, Dickinson, ND 58601 P: (701) 227-0131 F: (701) 227-4750

Client Name:	Social Security Number:	Date of Birth:
Street Address:	City/State/Zip Code:	

CHOOSE ONE OPTION BELOW:

By marking this box, I hereby authorize Community Action Partnership to release information to or obtain information from all those listed below.

OR

I hereby authorize Community Action Partnership to release information to or obtain information ONLY for the agencies/organizations that I have marked below.

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> CAP Client Data System | <input type="checkbox"/> Child Support Division | <input type="checkbox"/> Courts and Post Offices |
| <input type="checkbox"/> Credit Providers/Bureaus | <input type="checkbox"/> Employers | <input type="checkbox"/> Law Enforcement Agencies |
| <input type="checkbox"/> Financial Institutions | <input type="checkbox"/> Health Insurance Providers | <input type="checkbox"/> Human Service Center |
| <input type="checkbox"/> Landlords/PHAs | <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Lodging (hotels, motels, shelters) |
| <input type="checkbox"/> Medical Providers | <input type="checkbox"/> Military & VA | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Retirement Systems | <input type="checkbox"/> Schools & Colleges | <input type="checkbox"/> Social Security Administration |
| <input type="checkbox"/> Social Service Agencies | <input type="checkbox"/> Unemployment/Job Service | <input type="checkbox"/> Utility Companies |
| <input type="checkbox"/> Workforce Safety | <input type="checkbox"/> Hospital/Clinic/Public Health Unit: _____ | |
| <input type="checkbox"/> Other/Family Member: _____ | | |

The following information is to be released or requested: verification of income, employment verification, asset verification, bank statements, verification of benefits, rent payment amount, security deposit amount, rental lease. Other: _____

Intake Form: The following information will be requested: social security number, name, birth date, sex, disabled, marital status, sex/age of family/household members, race, ethnicity, veteran status, education, employment, income status, housing information, health coverage, services currently receiving, unmet needs.

This authorization is voluntary and remains in effect for twelve (12) months from the date it is signed, unless specifically revoked by written notice to the agency or person, as indicated below (Specific event terminating the Release of Information or date to terminate the agreement.): _____

Client Consent: Any information release prior to the written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this release is as effective as the original.

Signature of Client Date

Signature of Staff Date



DICKINSON OFFICE: 202 EAST VILLARD, DICKINSON, NORTH DAKOTA 58601

Phone (701) 227 - 0131 • Fax (701) 227 - 4750

WILLISTON OFFICE: 120 WASHINGTON AVENUE, WILLISTON, NORTH DAKOTA 58801

Phone (701) 572 - 8191 • Fax (701) 572 - 8192



Head of Household Information							
First Name	MI	Last Name	Birth Date	Social Security Number	Gender	Phone Number	
			/ /	- -	<input type="checkbox"/> M <input type="checkbox"/> F		
Education		Disabled	Race		Ethnicity		
<input type="checkbox"/> 0-8 th <input type="checkbox"/> 9 th -12 th non-grad <input type="checkbox"/> GED <input type="checkbox"/> HS grad <input type="checkbox"/> 12 th grade + some Post-Secondary <input type="checkbox"/> 2- or 4-years College Graduate <input type="checkbox"/> Graduate of other Post-Secondary		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Multi-race (two or more of the above)		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
Work Status		Health Coverage			Military Status		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (6 months or less) <input type="checkbox"/> Unemployed (6 months +) <input type="checkbox"/> Unemployed (Not in labor force)		<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> Employment Based <input type="checkbox"/> Direct Purchase	<input type="checkbox"/> State Children <input type="checkbox"/> State Adult <input type="checkbox"/> Other: _____ <input type="checkbox"/> None			<input type="checkbox"/> Active <input type="checkbox"/> No Affiliation <input type="checkbox"/> Veteran	
Housing Information							
Address			City / State / Zip		County		
<input type="checkbox"/> This is also my mailing address							
# in Household	Family Type			Housing Status			
	<input type="checkbox"/> Single Person <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Non-related Adults with Children			<input type="checkbox"/> Two Adults - No Children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Other: _____		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Permanent housing	<input type="checkbox"/> Homeless <input type="checkbox"/> Other
Contact Preference		<input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email: _____					
Income Information							
What income do <u>you</u> receive?	How much?	How often?	What benefits do <u>you</u> receive?	How much?	How often?		
<input type="checkbox"/> Employment	\$		<input type="checkbox"/> SNAP	\$			
<input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI	\$		<input type="checkbox"/> WIC	\$			
<input type="checkbox"/> VA <input type="checkbox"/> Service-Connected <input type="checkbox"/> Non-Service Connected	\$		<input type="checkbox"/> LIHEAP	\$			
<input type="checkbox"/> Child Support	\$		<input type="checkbox"/> Housing Choice Voucher (Section 8)	\$			
<input type="checkbox"/> Alimony / Spousal Support	\$		<input type="checkbox"/> Public Housing	\$			
<input type="checkbox"/> TANF	\$		<input type="checkbox"/> Permanent Supportive Housing	\$			
<input type="checkbox"/> Private Disability Insurance	\$		<input type="checkbox"/> HUD-VASH	\$			
<input type="checkbox"/> Pension / Retirement	\$		<input type="checkbox"/> Childcare Voucher	\$			
<input type="checkbox"/> Worker's Compensation	\$		<input type="checkbox"/> Affordable Care Act Subsidy	\$			
<input type="checkbox"/> Unemployment	\$		<input type="checkbox"/> Other: _____	\$			
<input type="checkbox"/> Other: _____	\$		<input type="checkbox"/> I have no income at this time (initial here): _____ CAP Staff Initial: _____				



Additional Household Members

First Name	
Last Name	
Relationship to Head of Household	
Birth Date	/ /
Social Security #	- -
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Highest Level of Education	
Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Race	
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Work Status	
Medical Coverage	
Income Type	
Income Amount	
Initial here if you have no income.	

First Name	
Last Name	
Relationship to Head of Household	
Birth Date	/ /
Social Security #	- -
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Highest Level of Education	
Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Race	
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Work Status	
Medical Coverage	
Income Type	
Income Amount	
Initial here if you have no income.	

First Name	
Last Name	
Relationship to Head of Household	
Birth Date	/ /
Social Security #	- -
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Highest Level of Education	
Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Race	
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Work Status	
Medical Coverage	
Income Type	
Income Amount	
Initial here if you have no income.	

First Name	
Last Name	
Relationship to Head of Household	
Birth Date	/ /
Social Security #	- -
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Highest Level of Education	
Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Race	
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Work Status	
Medical Coverage	
Income Type	
Income Amount	
Initial here if you have no income.	

Applicant Certification: My signature below signifies that the information provided by me to establish household eligibility is true and accurate to the best of my knowledge; I consent to the independent verification of the information by the authorized agent of the agency or its government funding source; and I consent to the review of my files by the authorized agent of the agency or its governing funding source.

Primary Applicant Signature

Date

