Palm Beach County Community Action Program
Community Services Department

Uniform Application for Service

Service(s): ___ LIHEAP   ___ EHEAP   ___ Other: _____
___ CSBG EA   ___ CSBG FSSP   _____

Application Date: _____

Applicant Information

First Name: _____   **Last Name:** _____   **MI:** _____

DOB: _____   **SSN:** _____   **Referred by:** _____

Email (if available): _____

Phone #'s-Home: _____   **Work :** _____   **Cell:** _____

Household Information

Household Type
(check only one)
___ Single Person
___ Single <u>Parent</u>/Female
___ Single <u>Parent</u>/Male
___ 2-Parent with Children
___ 2 or more Adults- no Children
___ Multi-generational
___ Non-Related Adults
___ Other (Describe):
_____

Housing Type:
(check only one)
___ Rent
___ Own
___ Homeless
___ Rooming House or Boarder
___ Subsidized (ie: Sect. 8)
___ <u>Other</u> (Describe):

Characteristics:
(check only one)
___ Seasonal Farmworker
___ Migrant Farmworker
___ Farmer
___ None of the above

Sources of Household Income
(check only one)
___ Employment Only
___ Employment & Other Source (ie: Retirement)
___ Employment & Non-Cash (ie: SNAP)
___ Employment & Other & Non-Cash
___ Other (ie: SS, SSI, family support)
___ Other & Non-Cash
___ No Income

Other Income Sources
(check all that apply)
___ Alimony/Spousal Support ___ Child Support
___ Social Security (SS) ___ Retirement Pension
___ S.S. Disability (SSDI) ___ Supplemental Security Inc. (SSI)
___ Unemployment ___ Worker's Comp.
___ TANF ___ Earned Income (EITC)
___ VA Non-Service Rel. ___ VA Service Related
___ Other (Describe):
_____

Non-Cash Benefits
(check all that apply)
___ SNAP/Food Stamps
___ WIC
___ Housing Choice Voucher
___ Childcare Voucher
___ Affordable Care Subsidy
___ Public Housing
___ Supportive Housing
___ HUD-VASH (veterans)
___ Other (Describe):
_____

Household Includes
(check all that apply)
___ At least one member 60+
___ At least one member disabled
___ At least one child 5 years or younger

<u>If Home Owner</u>
Year Home Built: _____
Weatherization Received? _____
If so what year? _____

Addresses
(if residential and mailing addresses are different, complete both sections below)

<u>**Residential:**</u>
Address: _____
_____
Suite/Apartment # (if applicable): _____
City: _____ State: <u>FL</u> Zip: _____
County: _____

<u>**Mailing:**</u>
Address: _____
_____
Suite/Apartment # (if applicable): _____
City: _____ State: <u>FL</u> Zip: _____
County: _____

Applicant: Name, SSN, Phone #, and Email – Refer to page one of application

Special Status
(check if applies)
___Disconnected Youth
___Health Insurance
___Disabled

Gender:
(check only one)
___Male
___Female

DOB:
_____

Flagged
(staff completes)
___ Is flagged?
Elig. `Verif:
_____

Race (check only one):
___Black/African American ___White
___Hispanic ___Asian
___Multi-Race ___American Indian/
___Native Hawaiian/ ___ Alaskan Native
Pacific Islander ___Other (Describe):
___Not Reported _____

Ethnicity:
(check only one)
___Hispanic Origin
___Not Hispanic Origin

Relationship Type:
___SELF_____
(ie. Spouse, son, daughter, etc)

Education (check only one):
___Grades 0-8 ___Grades 9-12
___HS Grad or GED ___12th Grade/Some
___2 or 4 years College Grad Post -Secondary
___Grad or Other Post-Secondary
___Other (Describe):_____

Health Insurance Source
(mark all that apply):
___Medicare ___Medicaid
___Employer ___Direct
Provided Purchase
___Children's Health (CHIP)
___State provided Adult Health
___Other (Describe):_____

Work Status (check only one):
___Full-time ___Part-time
___Unemployed ___Retired
___Unemployed (less than 6 months)
___Unemployed (more than 6 months)

Military Status:
(check only if applicable)
___Active Duty
___Reserves
___Veteran

First Income/Monthly:
Amount:_____ Source: _____
Second Income/Monthly:
Amount:_____ Source: _____
Verification Source: _____

Family Member: First Name:_____ Last Name:_____ MI:_____
SSN:_____ Email (if available):_____ Phone # (if available):_____

Special Status
(check if applies)
___Disconnected Youth
___Health Insurance
___Disabled

Gender:
(check only one)
___Male
___Female

DOB:
_____

Flagged
(staff completes)
___ Is flagged?
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___Native Hawaiian/ ___Alaskan Native
Pacific Islander ___Other (Describe):
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Ethnicity:
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-Hispanic Origin
-Not Hispanic Origin

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(ie. Spouse, son, daughter, etc)

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Amount:_____ Source: _____
Second Income/Monthly:
Amount:_____ Source: _____
Verification Source: _____

Family Member: First Name:_____ **Last Name:**_____ **MI:**_____

SSN:_____ **Email** (if available):_____ **Phone #** (if available):_____

Special Status
(check if applies)
___Disconnected Youth
___Health Insurance
___Disabled

- - - - - - - - - - - - - - - -

Gender:
(check only one)
___Male
___Female

- - - - - - - - - - - - - - - -

DOB:
_____

Flagged
(staff completes)

___ Is flagged?
Elig. Verif:
_____

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___Native Hawaiian/   Alaskan Native
Pacific Islander   ___Other (Describe):
___Not Reported   _____

Ethnicity:
(check only one)
___Hispanic
Origin
___Not Hispanic

Relationship Type:
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(ie. Spouse, son, daughter, etc)

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SSN:_____ **Email** (if available):_____ **Phone #** (if available):_____

Special Status
(check if applies)
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Military Status:
(check only if applicable)
___Active Duty
___Reserves
___Veteran

First Income/Monthly:
Amount:_____ Source: _____

Second Income/Monthly:
Amount:_____ Source: _____
Verification Source: _____

Housing Information (if available)

Rental Information:

Monthly Rent Payment: _____
__ Utilities Included
__ Subsidized Housing (ie: Sect. 8)

Rented House Type:
__ Apartment
__ Mobile Home
__ Private Home
__ Room/Boarding House

Landlord (if known):

Landlord Name: _____
Address: _____
_____ _____
City: _____ State: ____ Zip: _____
County (if known): __ _____
Phone #: _____

Homeowner Information (if applicable):

Occupied by: __ Single Family
__ Multi Families
Monthly Payment: _____
House Type: __ Single Family
__ Multi-Family
__ Condominium/ Townhouse

Utility Information (if available)

Electric Co.: _____ **Acct. #:** _____ __ Heat __ Cool __ Both __ None

Gas Co.: _____ **Acct. #:** _____ __ Heat __ Cool __ Both __ None

Propane Co.: _____ **Acct. #:** _____ __ Heat __ Cool __ Both __ None

Water Co.: _____ **Acct. #:** _____

Others #1: _____ **Acct. #:** _____ **Type:** _____

Type of Air Conditioning Used: __ Central Air __ Window Unit __ Portable Air Conditioner __ Dehumidifier

Type of Heating Used: __ Central Heat __ Electric Space Heater __ Fireplace __ Stove __ Wall Furnace __ Wood Burning Stove

Primary Heating Annual Cost (if known): _____ **Primary Heating Fuel Source:** _____

Annual Electric (if known): _____ **Annual Electric Cost Source:** _____

Applicant Certification

I hereby certify that I participated in completion of the above "Uniform Application for Service". I further certify that I have read, or had read to me, the above information and, to the best of my knowledge and belief, the information is accurate and has been properly recorded. Additionally, I understand that I am responsible for the accuracy of the information provided and that said information will be used as a basis for determining my eligibility for services. I also understand that any falsification or misrepresentation of this information is just cause for denial of services and prosecution for fraud.

Applicant's signature: _____

Staff Signature: _____ Supervisor's Signature: _____

Staff Printed Name: _____ Supervisor's Printed Name: _____