

APPLICATION for Assistance

Please complete the following information to advance your application. All information is confidential.

ICAA is responding to the needs of low-income residents with expanded services. Please check the services for which you would like assistance:

- | | |
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| <input type="checkbox"/> Mortgage Payment (<i>must be past due</i>)
<input type="checkbox"/> Property taxes (<i>must be past due</i>)
<input type="checkbox"/> Utility Payment (electric, water/sewer, phone bill, etc.) (<i>must be past due</i>)
<input type="checkbox"/> Food Assistance | <input type="checkbox"/> Transportation Assistance (car repair, title licensing, registration)
Must provide proof on vehicle ownership
<input type="checkbox"/> Prepaid Cell Phone
<input type="checkbox"/> Prepaid 30-day phonecard-Carrier: _____ |
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Print First Name:		Print Last Name:				
Mailing Address:		City:		State:	Zip:	
County of Residence:		Monthly Housing Payment:		Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Homeless <input type="checkbox"/>
Day Phone Number:		Evening Phone Number:		Email:		

Complete information for ALL members in your household including person listed above. See below CODES for reference:

First Name	Middle Init	Last Name	Relationship to Head of Household	Gender	Date of Birth	Veteran Y/N	Race Code (See below)	Hispanic Y/N	Highest Level of Education Completed	Disability Y/N	Medical Insurance (see below)

INCOME SOURCE(S)

List of "Type of Income": **Employment Wages (FT/PT), Child Support, Alimony, Pension/Retirement, Self-Employed, Social Security/SSI/SSD, TANF, Tips/Commission, Unemployment, US Military Pay, VA Payment, Work Comp**

Household Member Name (List only those with income)	Employment Status	Type of Income (See above list)	Total Gross Monthly Income
Do you receive Food Share/Food Stamps? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you need a referral to a Child Support Agency? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is applicant(s) or any household member a friend or family to any ICAA employee or Board of Director? (Family includes self, spouse, Fiancée/Fiancé, children and children-in-law, brothers, brother(s)-in-law, sisters, sister(s)-in-law, parents, and parent(s)-in-law, and/or anyone who received more than 50% of their annual support from the person (e.g. adopted child, foster child)) Yes <input type="checkbox"/> No <input type="checkbox"/>			

Please check any of the non-cash benefit(s) you receive:

<input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP	<input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy	<input type="checkbox"/> Other:
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EEOC Statement:

ICAA is an equal opportunity organization and no otherwise qualified applicant for service or service participant, volunteer, employment applicant or current employee shall be excluded for participation, be denied benefits, or otherwise be subject to discrimination in any manner. Federal laws, Presidential Executive Orders, and state and local laws designed to protect employees, job applicants, volunteers, and program applicant from discrimination on the bases of race, religion, color, sex (including pregnancy, gender identity, and sexual orientation), parental and marital status, national origin, age, disability, family medical history or genetic information, political affiliation, military service, arrest or conviction records, use or nonuse of lawful products off the employers' premises during non-work hours, declining to attend meetings or participate in communications about religious or political matters or other non-merit based factors.

With my signature, I authorize ICAA to release information stated on this form and/or in my case to designated staff and/or other agencies to which my case/project pertains. This includes contacting landlords, vendor, and/or service provider(s) to verify eligibility. **I have voluntarily provided the information above, and it is true and correct to the best of my knowledge. I am aware that providing false information or not reporting pertinent information is fraud. If I provide any false information, I understand that services may be denied.** I understand that completion of this application does not guarantee that I will receive assistance. I also understand that the information will be held in confidence and used specifically to determine eligibility and program planning.

Applicant Signature:	Date:
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Return Application with Income Documentation (for previous month)

Email: stephanie.monskey@indianheadcaa.org or Mail: ICAA – 1000 W College Ave, Ladysmith, WI 54848 Attn: Stephanie

Questions call 715-532-4222. Thank You.