INDIANHEAD
COMMUNITY ACTION AGENCY, INC.
OPENING DOORS. CREATING OPPORTUNITIES.

Application for assistance

Complete the following information to advance your application. All information is confidential.

Please check the services for which assistance is requested

❑ **Rent Assistance** *(must be at least 30 days past due with an eviction notice)*	❑ **Vehicle Repair Assistance** *(requires proof of ownership, only repairs needed for safe operation)*
❑ **Mortgage Assistance** *(must be at least 60 days past due or at risk of foreclosure)*	❑ **Fuel Card/Bus Tokens** *(job seeking or employment transportation)*
❑ **Utility Assistance** *(must be 30 days past due with a disconnection notice)*	❑ **Appliance Replacement** *(to replace unsafe or non-working appliance already owned)*
❑ **Phone Card** *(Straight Talk ONLY, for job seeking only)*	❑ **Vehicle Registration** *(job seeking or employment transportation)*
❑ **Security Deposit** *(Need valid/emergency reason for moving)*	

Last Name:		**First Name:**		
Street Address:	**City:**	**State:**	**Zip:**	
County of Residence:	**Monthly Housing Payment:**	**OWN**	**RENT**	**HOMELESS**
Daytime Phone:	**Evening Phone:**	**Email:**		

~~ Complete information for **ALL** members in your household including person listed above (H.o.H) ~~

Relationship to head of household	Last Name	First Name	Gender	Date of Birth	Age	Veteran Y/N	Race Code (see below)	Hispanic Y/N	Education Completed	Disability Y/N	Medical Insurance (see below)
H.o.H.											

Race Code: AI- American Indian/Alaska Native, NH- Native Hawaiian/Pacific Islander, A- Asian, B- Black/African American, MR- Multi Racial, W- White, O- Other.
Medical Insurance Code: P= Private, B- BadgerCare, ME- Medicare, MD- Medicaid, N- None, O- Other.

Continued page 2

INCOME SOURCE(S)

Types: Employment Wages (FT/PT), Social Security (SSI, SSD, SSDI), Child Support, Unemployment, TANF, Alimony, Pension/Retirement, Work Comp, Military Pay, VA Pay, Tips/Commissions

Household Member Name (all adults in household)	**Employment Status**	**Type of Income** (see above)	**Total GROSS Monthly Income** (without deductions)

Do you receive Food Share/Food Stamps?	❑ YES	❑ NO	Do you need a referral to a Child Support Agency?	❑ YES	❑ NO

Is applicant 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 ☐ No ☐

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

❑ **SNAP**	❑ **Housing Choice Voucher**	❑ **HUD-VASH**	❑ **OTHER**
❑ **WIC**	❑ **Public Housing**	❑ **Childcare Voucher**	
❑ **LIHEAP**	❑ **Permanent Supportive Housing**	❑ **Affordable Care Act Subsidy**	

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:**

Return Application with Income Documentation (for the last 30 days)

Email: allison.anderson@indianheadcaa.org **or** aryn.sather@indianheadcaa.org
Mail: ICAA – 1000 College Ave W, Ladysmith, WI 54848 Attn: CSBG
Questions call 715-532-4222.