



### Application for Income Qualification

Instructions: This application should be completed in its entirety. **Please do not leave any questions blank. If a question or area does not apply to you, please write "N/A".**

Head of Household (applicant)			Sex	Date of Birth	Age
Last:	First:	MI:			

#### Current Address:

Street Address _____				
Street	City	State	Zip Code	
Home/Cell Tel. (____)	Email Address _____			

#### List a contact person that we may contact if we are unable to reach you:

Name _____	Telephone _____
Address _____	Relationship _____
May we leave a voicemail message at this number? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**Household members:** List the names of all household members below. Start with the head of household, then spouse or co-head of household, then minors (oldest to youngest) and then any other adults.

NO.	Legal Name	Sex	Relationship to Applicant	Date of Birth	Age	Disabled Yes/No?
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

Updated: January 2023



**Verification of Income:** For each family member (where applicable) please list all income sources for verification. Ex: Job Wages, Social Security, Pension, Disability, Child Support, TANF, Unemployment, etc.

Family Member	Income Source (Job Wages, SSI, Pension, Disability, Child Support, TANF, Unemployment)	Current Wages (Monthly/Weekly)	Hourly Rate	Hours Worked	Annual Earnings (before taxes)

Does any family member work for anyone who pays him or her cash?  YES  NO

Is any in the home self-employed?  YES  NO

Does anyone outside of your household pay any of your bills or Expenses?  YES  NO  
If yes, please specify:

Did you file a federal income tax return for the most recent year?  YES  NO

Does anybody in your household receive food stamps?  YES  NO  
If yes, how much?

Are you current or on a payment plan on your property taxes?  YES  NO

Please review the checklist of items required to verify income at the end of the application. Copies of these documents must be submitted to complete your application.



Does any household member have assets or accounts with balances of \$5000 or more?  YES  No. If yes, please provide supporting documentation of those assets

**Banking Information: (only complete if you answered yes to the question above)**

Name of Bank	Type (Checking/Savings)	Joint/Individual	Balance

**Type of Repairs Needed:** Please check the type of repair(s) needed. Please note that TNP will make the final determination of which repairs will be performed.

Check For Repair	Repair Type
	Roofing
	Gutters/Downspouts
	HVAC and Furnace Repairs/Replacement
	Hot Water Tank
	Electrical
	Plumbing
	ADA Accessibility Modifications
	Broken Windows

**Please list any other repairs for emergency attention:**

Does your home have functioning smoke detectors?  YES  NO



## Demographic Data

Why does TNP need this information? This information helps us better tailor our programs and services to the people in the community who need it most. Also by providing this information we can better accommodate you if any accommodations are needed.

All information provided is for statistical data purposes. The information that you disclose is voluntary & will not affect the application process in any way. If you decide not to answer any of the following questions it will in no way affect the approval or denial of your application.

### Primary Language (Please Check)

<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> French	<input type="checkbox"/> German	<input type="checkbox"/> Polish
<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Italian	<input type="checkbox"/> Russian

### Marital Status Information (Please Check)

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
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### Are You Hispanic, Latino/a, or of Spanish origin? (Please Check)

<input type="checkbox"/> Hispanic, Latino/a, Spanish	<input type="checkbox"/> Not Hispanic, Latino/a, Spanish
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### Race (Please Check)

<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian	<input type="checkbox"/> Other
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### Gender (Please Check)

<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other
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**Applicant Certification:**

I/We certify that the above information is accurate and complete to the best of my knowledge & belief. I/We also understand that any statement of misinformation, impersonation, or failure to disclose can result in a denial or delay in the processing of my application.

I understand that the completion of this form and initial site assessment does not guarantee that I will receive repair services.

Head of Household

Date Signed

Co-Head/Spouse

Date Signed

**FOR OFFICE USE ONLY**

SPECIAL NEEDS  YES  NO

Over 60  YES  NO

# OF OCCUPANTS?

ANNUAL INCOME:

NAME OF TNP STAFF MEMBER SUBMITTING FORM (PRINT):

DATE:

Program:



## Checklist of Items Required to Verify Income

Please provide copies of the following documents

Document	Attached	N/A
Driver's License for the head of household	<input type="checkbox"/>	<input type="checkbox"/>
Copies of last year's Federal Income Tax Return	<input type="checkbox"/>	<input type="checkbox"/>
Copies of 3 most recent months of paystubs for all household members earning a wage.	<input type="checkbox"/>	<input type="checkbox"/>
Most current benefits statement for all household members receiving Social Security, Social Security Disability, pension, unemployment, or TANF funds	<input type="checkbox"/>	<input type="checkbox"/>
Court orders for child support or alimony and print out of payment records	<input type="checkbox"/>	<input type="checkbox"/>
Two (2) most recent statements for savings and/or checking accounts for all household members.	<input type="checkbox"/>	<input type="checkbox"/>