

2022 – 2023 Community Action Application

This program is based on your household income. The income limits are listed on Page 6 of this application. In order for your application to be processed, you must provide the following information:

- List all members living in your home
- Provide verification of all sources of household income for everyone in the home (the most recent 30 days of income, including paycheck stubs, social security award letters, child support, alimony, bank statement, etc.)
- If applying for electric assistance, provide a copy of the entire bill
- If applying for rent or mortgage assistance, provide a copy of the mortgage statement, lease, or rental agreement.

For electric, mortgage, rent and medical supplies (including dentures) the program maximum is \$600.

This excludes assistance with Food Gift Cards, Summer Camp for Youth, and Training classes.

Electric bills:

Funds do not cover security deposits or balances from previous accounts outside of Goochland County.

Mortgage: The funds do not cover legal fees or late fees. A copy of the mortgage statement is needed to verify the amount of the mortgage. A W-9 must be submitted from the mortgage company prior to a payment being made from Community Action funds.

Rent: Funds do not cover security deposits or late fees. Verification of rental agreement and a W-9 from the landlord is required prior to a payment being made from Community Action funds. The program does not cover the cost of renting a room.

Oil/Propane/Kerosene/Heating Sources: Payment will cover the cost of oil or propane assistance.

*All payments are made directly to the company, landlord or vendor. Payments for mortgage and rent require the completion of a W-9 form.

Goochland Community Action staff are the only persons permitted to authorize payments made by the program.

Your application will be evaluated for ALL Community Action program/funds.

√	Application checklist:
	Completed application with information for all people living in the home and the application is signed.
	Verification of income for all persons living in my household (including pay stubs, child support, alimony, bank statements, etc.)
	Supporting documents are attached (Utility bill, rental agreement, or mortgage statement)

PLEASE PRINT

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

Physical Address: _____

Mailing Address (if different from physical): _____

Contact Number: _____

Email Address: _____

Individuals in the home, including yourself:

Marital Status options: Divorced, Married, Never Married, Single, Separated, Widowed

Self	
Name (First and Last)	Do you have health insurance? YES or NO If so what type? (circle answer choice) Medicaid, Medicare, Employment based, Other: _____
Date of Birth:	Work Status: (circle answer choice) Employed or Unemployed Part-Time, Full-time, Other: _____
Social Security #	Is this person legally disabled? (circle answer choice) Yes or No
Marital Status:	Military Status: (circle answer choice) Veteran, Active Military or Not applicable.
Relationship to applicant:	Gender (circle answer choice): Male or Female
Education Level:	Housing Status: (circle answer choice) Own, Rent, Homeless, Other: _____
Race:	Ethnicity: (circle answer choice) Hispanic, Not Hispanic
Does your family currently receive SNAP or TANF? (circle answer choice) Yes, No, Case pending	

Person 2	
Name (First and Last)	Do you have health insurance? YES or NO If so what type? (circle answer choice) Medicaid, Medicare, Employment based, Other: _____
Date of Birth:	Work Status: (circle answer choice) Employed or Unemployed Part-Time, Full-time, Other: _____
Social Security #	Is this person legally disabled? (circle answer choice) Yes or No
Marital Status:	Military Status: (circle answer choice) Veteran, Active Military or Not applicable.
Relationship to applicant:	Gender (circle answer choice): Male or Female
Education Level:	Housing Status: (circle answer choice) Own, Rent, Homeless, Other: _____
Race:	Ethnicity: (circle answer choice) Hispanic, Not Hispanic,

Person 3	
Name (First and Last)	Do you have health insurance? YES or NO If so what type? (circle answer choice) Medicaid, Medicare, Employment based, Other: _____
Date of Birth:	Work Status: (circle answer choice) Employed or Unemployed Part-Time, Full-time, Other: _____
Social Security #	Is this person legally disabled? (circle answer choice) Yes or No
Marital Status:	Military Status: (circle answer choice) Veteran, Active Military or Not applicable.
Relationship to applicant:	Gender (circle answer choice): Male or Female
Education Level:	Housing Status: (circle answer choice) Own, Rent, Homeless, Other: _____
Race:	Ethnicity: (circle answer choice) Hispanic, Not Hispanic,

Person 4	
Name (First and Last)	Do you have health insurance? YES or NO If so what type? (circle answer choice) Medicaid, Medicare, Employment based, Other: _____
Date of Birth:	Work Status: (circle answer choice) Employed or Unemployed Part-Time, Full-time, Other: _____
Social Security #	Is this person legally disabled? (circle answer choice) Yes or No
Marital Status:	Military Status: (circle answer choice) Veteran, Active Military or Not applicable.
Relationship to applicant:	Gender (circle answer choice): Male or Female
Education Level:	Housing Status: (circle answer choice) Own, Rent, Homeless, Other: _____
Race:	Ethnicity: (circle answer choice) Hispanic, Not Hispanic,

Person 5	
Name (First and Last)	Do you have health insurance? YES or NO If so what type? (circle answer choice) Medicaid, Medicare, Employment based, Other: _____
Date of Birth:	Work Status: (circle answer choice) Employed or Unemployed Part-Time, Full-time, Other: _____
Social Security #	Is this person legally disabled? (circle answer choice) Yes or No
Marital Status:	Military Status: (circle answer choice) Veteran, Active Military or Not applicable.
Relationship to applicant:	Gender (circle answer choice): Male or Female
Education Level:	Housing Status: (circle answer choice) Own, Rent, Homeless, Other: _____
Race:	Ethnicity: (circle answer choice) Hispanic, Not Hispanic, Other: _____

Please circle the cause of economic hardship if you or a person in your household have experienced (check all that apply)

- Been laid off
- Place of Employment has closed
- Experienced a reduction in hours of work;
- Lost child or spousal support;
- Must stay home to care for children due to closure of day care and/or school;
- Not been able to work or missed hours due to contracting COVID-19
- Unable to find work due to COVID-19
- Unwilling/unable to participate in previous employment due to high risk of severe illness from COVID-19
- None of the above situations applies to my family and me

Please put a check  beside the type of assistance requested:

Type of Assistance	Vendor	Account Number
Food Voucher	Walmart	N/A
Electric		
Propane, Kerosene, Oil		
Rent or Mortgage		
Dentures/medical supplies*		
Job Training		
After Care	Goochland Parks and Rec	N/A
Summer Camp (June-Aug)	Goochland Parks and Rec	N/A

*Medical supplies not covered by insurance.

Income (Verification required for all income received within the past 30 days)

Name of Person with income	Gross Amount	How often received	Source of Income (employment, SSI, Child Support

Name of Account Holder	Type of Account Checking/Savings	Name of Bank	Balance

➤ **PLEASE READ THE FOLLOWING STATEMENTS PRIOR TO SIGNING THIS APPLICATION:**

- By signing this application, the applicant confirms that all information provided is accurate. The applicant understands that failure to report accurate information is considered fraud. This includes failing to report all persons living in the household, failing to report all income from all sources, making false statements and withholding information. Failure to comply with program requirements could result in repayment of any benefits you receive and/or being ineligible for additional assistance. ___ **Initial**
- It is the responsibility of the applicant to provide all required documents to the agency. This includes the legal name of a company, an accurate address and account numbers. Failure to provide documents will result in this application being denied. Completion of this application gives the agency permission to verify sources of income. Approval of funds is contingent upon meeting the Cares Act guidelines and the availability of funds. I fully understand the above statement. ___ **Initial**
- I declare to the best of my knowledge that I have not received CARES Act relief for any of the arrearages for which I am applying from any other source including Rebuild VA Grants. ___ **Initial**
- I understand that my signature on this form gives permission to verify information concerning my need for assistance. ___ **----- Initial**

Print Name: _____ Signature: _____ Date: _____

2022 Income eligibility guidelines	Gross income (125%) CSBG Funding	Gross Income (200%) TANF Funds
Family unit of 1	\$16,988	\$27,180
2	\$22,888	\$36,620
3	\$28,788	\$46,060
4	\$34,688	\$55,500
5	\$40,588	\$64,940
6	\$46,488	\$74,380
7	\$52,388	\$83,820
8	\$58,288	\$93,260

For Office Use ONLY:

Approved or Denied	Type of Assistance	Amount approved	Funding Source
	Food Voucher		
	Electric		
	Propane, Kerosene, Oil		
	Rent or Mortgage		
	Dentures/medical supplies*		
	Job Training		
	After Care		
	Summer Camp (June-Aug)		

CommunityActionProgram/ApplicationforCommunityAction/2022CommunityActionApplication/