

The Society of St. Vincent de Paul
Homelessness Prevention Guidelines

Form A

SVdP Conference Rent/Mortgage/Utility Assistance Application													
A) Client Information													
Name:				DOB			Today's Date						
Address:						Gender (Male/Female):							
City:			AZ	ZIP Code:		Email							
Household:		How Many Adults?		How Many Children?		Phone #							
Life Event Generating the Crisis (Mark "X" to all that Apply to this Crisis)													
Household Change			Income Change					Unexpected Expense					
Birth/New Custody	Divorce/Separation	Household Death	Job Loss	Job Hours Reduced	Work Related Injury	Bridge between jobs	Health Issue	SSI/SSDI Change	Medical bills	Rent Increase	Car Repair	Other	
Description of Crisis w/ Confirmation & Sustainability Statement (how will client pay bills going forward):													
B) Rent/Utility Assistance Request Details													
Requesting Assistance for:			Rent		Mortgage		APS		SRP		SWG		Other/
Client Requested Amount:													
Mthly Rent/ Mort. Amt.		Total Amt. Currently Due			Amt. Client Can Pay		Conference Co-fund Amount		Conf. Amount Requested				
Landlord / Mortgage Company Name				Landlord Contact Name				Contact Phone					
Utility Assistance (list all that you need assistance with) Note: Applicant must reside at address													
Utility Name:						Account #							
C) Conference Information													
Conference:				Contact Name:			Contact Phone:			Email used for Communication:			
Application Request Notes & Client Visit Notes:													
Please email this completed Conference Assistance Application to: HP@svdpaz.org . The Conference will be sent a link by email to upload the following listed documents into the SVdP Computer System. A decision will be made after all documentation is uploaded and review is completed. Notification of approval/disapproval will be sent to the Conference email address listed above.													
For Rent:		Full Lease Agreement (Must be current, signed by Client and Landlord) or Mortgage Statement											
For Utility		Most recent copy of the Utility Bill in the client's name & Completed Utility Release form											
For Rent or Utility		Client's Picture ID											
For Rent or Utility		Completed Client Affidavit and signed by client											
*** PLEASE DO NOT PAY RENT TO LANDLORD UNTIL WE DETERMINE AVAILABILITY OF FUNDS													



AFFIDAVIT

I, _____, solemnly swear, under penalty of perjury, by my signature below, that the following statements regarding my eligibility for services and benefits are true and correct to the best of my knowledge.

Please provide a brief description of the reason you are seeking assistance

Household Members:

Name	SS#	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Client Signature: _____

Date: _____

Caseworker Name: _____

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Form C

UTILITY INFORMATION RELEASE AUTHORIZATION

- Arizona Public Service Acct # _____ City of Phoenix Acct# _____
 Salt River Project Acct # _____ Other _____ Acct # _____
 Southwest Gas Acct # _____

By signing this form, I authorize the above names utility provider(s) (indicated by check box) to release my historical and future utility bills, account information (such as, but not limited to, name, service address, account number, balance, payment history) and other information concerning or related to energy consumption and costs to any and all of the agencies/persons listed on this form (Authorized Parties). This release is granted in connection with my household s request for and/or receipt of assistance from the community agency listed below.

I understand and agree that the utility information released may be compiled and analyzed (both on an individual household and combined basis) by one or more of the Authorized Parties. I further understand and agree that the utility information released, as well as any statistical or other analysis, may be released by the Authorized Parties to a third party for reporting purposes related to assistance received, and no information released shall be made public in such a manner that my dwelling or my household occupants can be identified.

I further agree to release and hold harmless the above named utility provider(s) from (i) any claims, damages, liability or expenses resulting from the user or disclosure of information based on this Authorization; (ii) the unauthorized use of disclosure of the information by any of the Authorized Parties; and (iii) any actions taken by any of the Authorized Parties based on this Authorization.

Name of agency determining assistance: The Society of St. Vincent de Paul

Signature of Account Holder/Customer of Record: _____

Print Account Holder/Customer of Record: _____

Signature of Joint Account Holder/Customer of Record: _____

Print Joint Account Holder/Customer of Record: _____

Service Address: _____

Date: _____