

The Society of St. Vincent de Paul  
Homelessness Prevention Guidelines

**FORM A**

<b>SVdP Conference Rent/Mortgage/Utility Assistance Application</b>												
<b>A) Client Information</b>												
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>B) Rent/Utility Assistance Request Details</b>												
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 #						
<b>C) Conference Information</b>												
Conference:				Contact Name:			Contact Phone:			Email used for Communication:		
Application Request Notes & Client Visit Notes:												
Please email this completed Conference Assistance Application to: <a href="mailto:HP@svdpaz.org">HP@svdpaz.org</a> . 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										
<b>*** PLEASE DO NOT PAY RENT TO LANDLORD UNTIL WE DETERMINE AVAILABILITY OF FUNDS</b>												

## Statement of Eligibility

I, \_\_\_\_\_, solemnly state, 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*

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### Household Members:

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

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Witnessed by \_\_\_\_\_ Date \_\_\_\_\_

## Declaración de elegibilidad

Yo, \_\_\_\_\_, declaro solemnemente, por mi firma a continuación, que las siguientes declaraciones con respecto a mi elegibilidad para servicios y beneficios son verdaderas y correctas a lo mejor de mi conocimiento.

*Por favor proporcione una breve descripción de la razón por la que está buscando ayuda*

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### Miembros de su hogar:

Nombre	SS#	Fecha de nacimiento
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Firma del cliente: \_\_\_\_\_ Date: \_\_\_\_\_

Testigos de firma por \_\_\_\_\_ Date \_\_\_\_\_

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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: \_\_\_\_\_