

Homelessness Prevention - Conference Intake Application Form (to be completed by Conference member)

A) Neighbor 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 and How This does this crisis financially impact the neighbor

B) Rent/Utility Assistance Request Details

Requesting Assistance for:		Rent	Mortgage	APS	SRP	SWG	Other/
Neighbor Requested Amount:							
Mthly Rent/ Mort. Amt.	Total Amt. Currently Due		Amt. Neighbor 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: Neighbor must reside at address

Utility Name:	Account #

C) Conference Information

Conference:	Contact Name:	Contact Phone:	Email to use for Communication:
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Application Request Notes & Neighbor Visit Notes:

Please send **one email**, with this form, and all required documents (see **HP Conference Checklist**) to: HP@sudpaz.org

A decision will be made after all documentation is received and reviewed. Notification of approval/disapproval will be sent to the Conference email address listed above.

*** PLEASE DO NOT PAY RENT TO LANDLORD UNTIL WE DETERMINE AVAILABILITY OF FUNDS