

**Service Makes Individual Lives Exciting (SMILE)
APPLICATION FOR SMILE HOMELESS PREVENTION PROGRAM 2023**

APPLICANT INFORMATION

Date Application Submitted:

Name: <i>Last</i>			<i>Middle</i>			<i>First</i>		
Date of birth:			Social Security Number(SSN):			Phone: (<i>Home</i>) (<i>Cell</i>) E-mail:		
Current address:								
City:			State:			ZIP Code:		
Own Rent (Please circle.)			Monthly payment or rent:			How long?		
Veteran: Yes _____ No _____			Gender: Male Female: (Please circle.)					
Disabled: Yes _____ No _____			Marital Status: Married _____ Single _____ Divorced _____					
Racial group you identify with: (<i>Required by grant</i>) (Please circle.) African Am.-Caucasian –Hispanic –Asian- Native American-Pacific Islander								

EMPLOYMENT INFORMATION

Employer:								
Employer address:			How long?					
City:			State:			ZIP Code:		
Position:			Salary: Hourly Rate OR Net \$ per month			Hours worked per week:		
Annual Income:								

PURPOSE OF THIS REQUEST

Rent/Mortgage _____ Utilities _____ Other _____ (Specify)								
Amount Requested: \$			Payee:			Account Number:		
Payee Address:								
City:			State:			ZIP Code:		
Payee Phone Number:			Do you have an eviction notice? Foreclosure? _____ Yes _____ No _____ Copy Provided? Yes (Attach copy.)			Do you have a utility shut-off notice? Yes _____ No _____ Copy Provided? Yes (Attach copy.)		

ADDITIONAL INFORMATION

Referred by church or other agency? (Specify)								
Help received from churches or other agencies? ___ Which? Please list all.								
Other:								

PLEASE IDENTIFY ALL PERSONS LIVING IN YOUR HOUSEHOLD.

Name	Date of Birth	Social Security Number	Gender	Race	Veteran?	Disabled?

MONTHLY INCOME	APPLICANT	RELATIONSHIP	MONTHLY EXPENSES	APPLICANT	OTHER
Employment Start Date			Housing (rent/mortgage)		
SSI/SSDI Start Date			Electric/gas/oil/water		
Unemployment Start Date			Food		
Public Assistance Start Date			Telephone/cell/cable		
Food Stamps/WIC Start Date			Car payment		
Child Support Start Date			Car insurance/repair/gas		
Housing Assistance Start Date			Childcare/child support/alimony		
Retirement / Pension Start Date			Credit card debt		
Foster Care Payments Start Date			Medical / prescription		
Other Start Date			Medical / life insurance		
Total			Other (tuition, clothing, etc.)		

I agree that SMILE may share my information, if necessary, to make a decision. I certify that I am registered as a SMILE client. I further certify that the information given above is true and correct to the best of my knowledge.

I certify that I am a registered client of SMILE. Yes_____ No_____

Applicant's Signature:

Date:

Signature of co-applicant, if for joint account

Date

TYPE OF ASSISTANCE: _____

Follow-up:

Contact should be made with the client three months following the assistance to determine status.

Date contact was made: _____ **Time:** _____ **Spoke to:** _____

Notes: