

PITTSYLVANIA COUNTY COMMUNITY ACTION INC

348 N MAIN ST * PO BOX 1119
 CHATHAM VIRGINIA 24531
 EVERLENA ROSS, EXECUTIVE DIRECTOR



SOURCES OF INCOME
DOLLAR AMOUNT

JOB WEEKLY \$ _____
EARNINGS BI-WEEKLY \$ _____
 MONTHLY \$ _____

GOVERNMENT BENEFITS

TANF \$ _____
 SOCIAL SECURITY \$ _____
 SSI \$ _____
 VETERAN BENEFITS \$ _____
 DISABILITY \$ _____
 UNEMPLOYMENT \$ _____

OTHER INCOME

RETIREMENT \$ _____
 OTHER INCOME \$ _____
 CHILD SUPPORT \$ _____

PLEASE CHECK ALL THAT APPLY

SNAP AMOUNT \$ _____
 FUEL ASSISTANCE \$ _____
 MEDICAID _____
 MEDICARE _____
 WIC \$ _____
 EMPLOYER INS. _____

****MONTHLY EXPENSES****

RENT \$ _____
 MORTGAGE \$ _____
 CELL PHONE \$ _____
 MEDICAL \$ _____
 CAR PAYMENT \$ _____
 INS MED/CAR \$ _____
 CABLE \$ _____
 DAY CARE \$ _____
 CREDIT CARDS \$ _____

I authorize *Pittsylvania County Community Action, Inc.* to contact and share information with any source necessary to process this application. *Pittsylvania County Community Action, Inc.* , if contacted we will verify any assistance that you received. I certify that I have read and understand the attached guidelines. *I also certify that the information provided is true and I understand if I give false or misleading information, my request will be denied, and may be referred for prosecution, if warranted.*

SIGNATURE OF APPLICANT _____

DATE _____

PITTSYLVANIA COUNTY COMMUNITY ACTION INC

348 N MAIN ST * PO BOX 1119
CHATHAM VIRGINIA 24531
EVERLENA ROSS, EXECUTIVE DIRECTOR



*******COVID - 19*******

DANVILLE (COVID-19) ASSISTANCE

NAME: _____ **DATE:** _____

STREET ADDRESS: _____

CITY: _____

STATE: _____ **ZIP CODE** _____

TELEPHONE NUMBER: () _____ **MESSAGE NUMBER** () _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ **AGE:** _____

RACE PLEASE CHECK: NATIVE AMERICAN _____ ASIAN _____ BLACK/AFRICAN AMERICAN _____
WHITE/CAUCASIAN _____ NATIVE HAWAIIAN/PACIFIC ISLANDER _____ OTHER _____ HISPANIC _____

Status: Single Married Divorced Separated Widowed

EMAIL ADDRESS _____

HAVE YOU BEEN AFFECTED BY ((COVID-19))

PLEASE CHECK THE SERVICE YOU ARE REQUESTING ASSISTANCE FOR

1. UTILITY ASSISTANCE **RENTAL/MORTGAGE ASSISTANCE**
FOOD ASSISTANCE **PRESCRIPTION MEDICATIONS**

PLEASE CHECK WHAT APPLIES TO YOU AND GIVE A DETAILED DESCRIPTION

<input type="checkbox"/> JOB LOSS	<input type="checkbox"/> LOSS OF HOME - SUCH AS FIRE, EVICTION, STORM
<input type="checkbox"/> MEDICAL EMERGENCY	<input type="checkbox"/> LOSS INCOME EXAMPLES: SSI, DISABILITY, SOC SEC
<input type="checkbox"/> DEATH	<input type="checkbox"/> OTHER

2. HAVE YOU RECEIVED HELP HERE BEFORE? YES _____ NO _____

3. PAST DUE AMOUNT \$ _____

4. CAN YOU CONTRIBUTE FUNDS TOWARD THIS ACCOUNT? YES _____ NO _____

IF YES, PLEASE LIST THE AMOUNT YOU CAN CONTRIBUTE \$ _____

PITTSYLVANIA COUNTY COMMUNITY ACTION INC

348 N MAIN ST * PO BOX 1119
CHATHAM VIRGINIA 24531
EVERLENA ROSS, EXECUTIVE DIRECTOR



FOR OFFICE USE ONLY

CSBG STIMULUS

COMMUNITY FOUNDATION

APPLICANT NAME

ADDRESS

PHONE NUMBER

CELL NUMBER

BILLING AGENCY

EXPLANATION OF INITIAL DISPOSITION OF THE CASE:

_____ APPLICATION COMPLETED, SIGNED AND DATED

_____ COPIES OF ALL DOCUMENTATION ATTACHED

_____ APPLICANT INFORMED OF APPLICATION PROCEDURE

_____ APPLICATION AND DOCUMENTATION REVIEWED AND FORWARDED TO ADMINISTRATION

_____ **CLIENT REFERRED TO ANOTHER AGENCY FOR ADDITIONAL ASSISTANCE**

SOCIAL SERVICE _____ **FOR** _____

VIRGINIA WORKFORCE _____ **FOR** _____

MENTAL HEALTH _____ **FOR** _____

OTHER SERVICES _____ **FOR** _____

DATE REFERRED: _____

APPLICATION APPROVED: _____

APPLICATION DENIED: _____

WHY:

CASE NOTES:

FOLLOWUP DATE: _____