PITTSYLVANIA COUNTY COMMUNITY ACTION INC 348 N MAIN ST * PO BOX 1119 CHATHAM VIRGINIA 24531 EVERLENA ROSS, EXECUTIVE DIRECTOR



CITY OF MARTINSVILLE/HENRY COUNTY (TANF) ASSISTANCE

NAME:	DATE:		
STREET ADDRESS:			
STATE: ZIP CODE			
TELEPHONE NUMBER: ()	MESSAGE NUMBER ()		
DATE OF BIRTH:			
SOCIAL SECURITY NUMBER:	AGE:		
RACE PLEASE CHECK: NATIVE AMERICAN			
WHITE/CAUCASIAN NATIVE HAWAIIAN/PACIFIC IL			
Status: Single Married Divorced epar			
1. UTILITY ASSISTANCE	RENTAL ASSISTANCE		
PLEASE CHECK YOUR HARDSHIP: GIVE DETAILED	D EXPLANATION OF THIS HARDSHIP BELOW		
1. JOB LOSS 4. LOSS O	F HOME - SUCH AS FIRE, EVICTION, STORM		
2. MEDICAL EMERGENCY 5. LOSS IN	NCOME EXAMPLES: SSI, DISABLITY, SOC SEC		
3. DEATH 6. OTHER	的现在分词 医多种性性 医多种性 医多种性 医多种性 医多种性 医多种性 医多种性 医多种		
2. HOW DO YOU PLAN TO PAY ((UTILITY OR RENT!)) NE	KT MONTH?		
3. WILL/HAVE YOU RECEIVE FUEL ASSISTANCE? YES	NO		
4. HAVE YOU RECEIVED HELP HERE BEFORE? YES	NO		
5. PAST DUE AMOUNT \$			
6. CAN YOU CONTRIBUTE FUNDS TOWARD THIS ACCOUNT	NT? YES NO		
IF YES, PLEASE LIST THE AMOUNT YOU CAN CONTRIB	UTE \$		

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7. ARE TOO ENTPLOYED	YES	_ NO		
8. EMPLOYER NAME:				
9. EMPLOYER ADDRESS:				
10. EMPLOYER TELEPHONE				
11. IS ANYONE IN YOUR HO	OUSEHOLD EMP	PLOYED? YES	NO	_
12. IF YES, WHERE ARE THE	Y EMPLOYED:			
13. HOW ARE THEY PAID	Weekly	BI-WEEKLY	Monthly	
14. HAVE YOU RECEIVED ASS	SISTANCE FROM	ANOTHER ORGANIZATION	ON, IF YES, PLEASE	LIST THE ORANIZATION
AND THE AMOUNT OF THE		AT YOU RECEIVED		
ORGANIZATIO				
AMOUNT RECEIVE	D \$	-		
1E ADE VOIL A VETERAND V	vec.			
15. ARE YOU A VETERAN? Y	E3	_ NO	-1	
46 85.14.5.				
16. EDUCATION: HIGH SCHOOL	OL: YES I	VO, IF NO, LIST LAS	GRADE COMPLET	TEDGED
16. EDUCATION: HIGH SCHOOL				the second of the second
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SOURCES OF INCOME	PLEASE CHECK ALL THAT APPLY			
DOLLAR AMOUNT	SNAP AMOUNT \$			
JOB WEEKLY \$	FUEL ASSISTANCE \$			
EARNINGS BI-WEEKLY \$	MEDICAID			
MONTHLY \$	MEDICARE			
GOVERNMENT BENEFITS	WIC \$			
TANF \$	EMPLOYER INSUR			
TANF \$ SOCIAL SECURITY \$				
SSI \$	**MONTHLY EXPENSES**			
VETERAN BENEFITS \$	RENT \$			
DISABILITY \$	MORTAGE \$			
UNEMPLOYMENT \$				
OTHER INCOME	MEDICAL \$			
RETIREMENT \$	CELL PHONE \$ MEDICAL \$ CAR PAYMENT \$			
OTHER INCOME \$	INS MED/CAR \$			
RECEIVE CHILD SUPPORT \$				
	CABLE \$ DAY CARE \$			
PENDING CHILD SUPPORT CASE	CREDIT CARDS \$			
I authorize Pittsylvania County Community Action, Inc. to source necessary to process this application. Pittsylvania will verify any assistance that you received. I certify that I guidelines. I also certify that the information provided is misleading information, my request will be denied, and n	County Community Action, Inc. , if contacted we have read and understand the attached true and I understand if I give false or			
SIGNATURE OF APPLICANT	DATE			
~~LEARN ABOUT FINANCIAL FREEDOM~~				
IN ORDER TO RECEIVE SERVICE IN THE FUTURE YOU WILL BE REQUIRED				
TO ATTEND A ONCE A WEEK CLASS FOR SIX (6) WEEKS ON				
"HOW TO MANAGE YOUR FINANCES"				
SIGNATURE OF APPLICANT	DATE			