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



PITTSYLVANIA COUNTY (TANF) ASSISTANCE

NAME:	DATE:
STREET ADDRESS:	
CITY:	
STATE: ZIP CO	ODE
TELEPHONE NUMBER: ()	MESSAGE NUMBER ()
DATE OF BIRTH:	
SOCIAL SECURITY NUMBER:	AGE:
	ASIAN BLACK/AFRICAN AMERICAN
WHITE/CAUCASIAN NATIVE HAWAIIAN/PACII	FIC ILANDER OTHER
Status: Single Married Divorced S	
	September 1
1. UTILITY ASSISTANCE	GENTAL ACCISTANCE
	RENTAL ASSISTANCE AILED EXPLANATION OF THIS HARDSHIP BELOW
The state of the s	
	SS OF HOME - SUCH AS FIRE, EVICTION, STORM
	SS INCOME EXAMPLES: SSI, DISABLITY, SOC SEC
3. DEATH 6. OT	HER
	The Action of the State of the Control of the Contr
2 HOW DO YOU BLANTO DAY WITH THE	
2. HOW DO YOU PLAN TO PAY ((UTILITY OR RENT)	NEXT MONTH?
3. WILL/HAVE YOU RECEIVE FUEL ASSISTANCE? YES	
4. HAVE YOU RECEIVED HELP HERE BEFORE? YES	NO
5. PAST DUE AMOUNT \$	
6. CAN YOU CONTRIBUTE FUNDS TOWARD THIS AC	COUNT? YES NO
IF YES, PLEASE LIST THE AMOUNT YOU CAN CON	
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7. ARE YOU EMPLOYED				
8. EMPLOYER NAME:				
9. EMPLOYER ADDRESS:				
10. EMPLOYER TELEPHON	NE NUMBER:			
11. IS ANYONE IN YOUR H			NO	_
12. IF YES, WHERE ARE TH	IEY EMPLOYED:			
13. HOW ARE THEY PAID	Weekly	BI-WEEKLY	Monthly	
14. HAVE YOU RECEIVED AS	SSISTANCE FROM	ANOTHER ORGANIZATION	ON, IF YES, PLEASE	LIST THE ORANIZATION
AND THE AMOUNT OF TH		AT YOU RECEIVED		
ORGANIZATI				
AMOUNT RECEIV	VED \$	-		
15. ARE YOU A VETERAN?	VEC	NO		
		NO		
16. EDUCATION: HIGH SCHO	OOL: YES	NO, IF NO, LIST LAS	T GRADE COMPLET	TED GED
16. EDUCATION: HIGH SCHO				
	ASSOCIATE'S DEC	GREE BACHELORS	DEGREE M	
	ASSOCIATE'S DEC		DEGREE M	
	LIST ALL I	HOUSEHOLD ME	DEGREEM MBERS BIRTHDATE	
17. COLLEGE: NONE	LIST ALL I	HOUSEHOLD ME	DEGREEM MBERS BIRTHDATE	ASTERS DEGREE
17. COLLEGE: NONE	LIST ALL I	HOUSEHOLD ME	DEGREEM MBERS BIRTHDATE	ASTERS DEGREE
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SOURCES OF INCOME		PLEASE CHECK ALL THAT APPLY			
DOLLAR AN	MOUNT	SNAP AMOUNT \$			
JOB WE	EKLY \$	FUEL ASSISTANCE \$			
EARNINGS BI-WE	EKLY \$	MEDICAID			
MON	THLY \$	MEDICARE			
GOVERNMENT	BENEFITS	WIC \$			
TANF	\$	EMPLOYER INSUR			
SOCIAL SECURITY	\$				
SSI	\$	**MONTHLY EXPENSES**			
VETERAN BENEFITS	\$	RENT \$			
DISABILITY	\$	MORTAGE \$			
UNEMPLOYMENT	\$	CELL PHONE \$			
OTHER INC	OME	MEDICAL \$			
RETIREMENT	\$	CAR PAYMENT \$			
OTHER INCOME	\$	INS MED/CAR \$			
RECEIVE CHILD SUPPORT	\$	INS MED/CAR \$ CABLE \$ DAY CARE \$ CREDIT CARDS \$			
		DAY CARE \$			
PENDING CHILD SUPP	ORT CASE	CREDIT CARDS \$			
YESNO	State of the second sec				
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 APPLICAN	T	DATE			
~~LEARN ABOUT FINANCIAL FREEDOM~~					
IN ORDER T	O RECEIVE SERVICE	E 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 APPLICAN	7	DATE			