



Creating Better Communities

Dear Helping Hand Grant Applicant:

Enclosed please find a Helping Hand Grant application and Client Intake form for the "Helping Hand" grant. Please complete, sign and date the application and intake forms and submit the information below that pertains to you.

Please submit one of the following for income verification:

1. Data sheet from County Social Services, if on heating assistance.
2. IRS Income Tax Return.
3. Benefits: Social Security –Disability, Veteran's, Retirement/Pensions-Copy of the letter will work.
4. Employment: past 12 months: can be print out from your employer or copies of each pay stub.
5. Unemployment or Worker's Comp.
6. SSI, TANF, School Grant or Alimony.

Once we've received the above information and your application is approved we can proceed with the project. In some cases, a client share may be required. Red River Valley Community Action will advise you regarding client participation once an estimate for the project has been received from a contractor.

If you have any questions or other concerns, please contact our office at 701-746-5431 or toll free at 800-450-1823.

Sincerely,

Jessica Christofferson
Weatherization Administrative Assistant





RED RIVER VALLEY

**community
Action**

Grand Forks, Nelson, Pembina and Walsh Counties

NORTH DAKOTA'S POVERTY FIGHTING NETWORK

Helping People. Changing Lives.

Application for Red River Valley Community Action's Helping Hand

Red River Valley Community Action

1013 North 5th Street

Grand Forks, ND 58203

<u>Name:</u>		<u>Phone #:</u>	<u>Cell #:</u>
<u>Address:</u>			
<u>City:</u>	<u>State:</u> North Dakota		<u>Zip Code:</u>
<u>Social Security #:</u>		<u>County:</u>	
<u>Directions to your Home:</u>			
<u>Eligibility Data:</u>		<u>Income: Please enclose copies of income verification.</u>	
Please Check all that apply:			
<input type="checkbox"/> Elderly <input type="checkbox"/> Handicapped <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Other _____		Social Security: _____ Disability: _____ SSI: _____ Retirement: _____ Vet Benefits: _____ TANF: _____ Unemployment: _____ Employment: _____ Other: _____	
Total number of people living in household: _____			
Ages (s) of everyone in household: _____			
Are you currently on Fuel/Heating Assistance? _____ Yes _____ No (If yes, then attach acceptance letters)			
<u>Occupancy Status:</u> (circle one) OWNER or RENTER			

THE INFORMATION PROVIDED ME TO ESTABLISH MY ELIGIBILITY IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

I authorize the release of all employment/income records for the purpose of obtaining data required to determine eligibility and for evaluation of energy conserving effectiveness of the work done.

The residence is not currently for sale, nor is it designated for acquisition, clearance or foreclosure by federal, state or local programs.

Signature of Applicant

Date

Any and all information regarding clients will be kept confidential. All application and eligibility-determination information will be protected against discriminate access by RRVCA staff and will not be made available for public view.

Agency Review:

Application Status: _____ Approved: _____ Disapproved-Reason: _____

By: _____ Date: _____

Red River Valley Community Action
1013 N 5th St., Grand Forks, ND 58203
(701) 746-5431 - (701) 746-0406 Fax - 1-800-450-1823 Toll Free

Date:

*** Items are Required to be Answered**

Services: Check all that apply

<input type="checkbox"/> Commodities	<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Security Deposit	<input type="checkbox"/> Veterans Services
<input type="checkbox"/> Energy Share	<input type="checkbox"/> Home Rehab	<input type="checkbox"/> Self Reliance	<input type="checkbox"/> Weatherization
<input type="checkbox"/> Emergency Services	<input type="checkbox"/> Rent Assistance	<input type="checkbox"/> Shelter	<input type="checkbox"/> Other

Personal Information for Head of Household (HOH)*

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

City	State	Zip Code	County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth*

Gender *

 Male
 Female
 Other:

Social Security #*

Disabled*

 Yes
 No

Ethnicity*

 Hispanic or Latino
 Not Hispanic or Latino

Telephone*

Home	<input type="text"/>
Cell	<input type="text"/>

Race*

 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 Asian
 Biracial/Multi-racial

 Black or African American
 White
 Other

Education*

<input type="checkbox"/> 0-8	<input type="checkbox"/> 12+ Grad
<input type="checkbox"/> 9-12 (non-grad)	<input type="checkbox"/> College Degree
<input type="checkbox"/> GED	
<input type="checkbox"/> High School Grad	

Health Insurance*

<input type="checkbox"/> None	<input type="checkbox"/> Medicare
<input type="checkbox"/> Private	<input type="checkbox"/> Medicaid
<input type="checkbox"/> VA	<input type="checkbox"/> Other

Food Stamps

<input type="checkbox"/> Yes
<input type="checkbox"/> No
If Yes - Amount* <input type="text"/>

Veteran*

 Yes No

Income Sources*

Name
Source(Wages, SSI, etc.)
Pay Per Hour
Hours per Week
Total Monthly Income

Additional Income

Additional Income

(Sources of income could be Employment, Unemployment, Social Security, SSI/SSDI, Child Support, TANF, Pension)

Household Type - Required*

- Female Single Parent
- Male Single Parent
- Two Parent Household

- Two Adults NO Children
- Single
- Other:

in Household

Marital Status

- Single
- Divorced

- Widowed
- Married

- Separated

- Domestic Partnership

Housing Status*

- Own
- Renter
- Homeless

Fuel Assistance (LIHEAP)

- Yes
- No

Rent/House Payment

Amount

Housing Assistance

Years at Residence

Yes
No

Housing Type

- House
- Apartment
- Duplex
- Mobile Home

Energy Source:

- Oil
- Natural Gas
- Propane
- Electric
- Other

Signature

Date:

Email Address:

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment basis of race, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation or all or part of the individuals income is derived from any public assistance program or protected genetic information in employment or activity conducted or funded by the department.

If you wish to file a civil rights program complaint of discrimination, complete the USDA Program Discrimination form at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office or call 1-866-632-9992 to request the form. You may also write a letter containing all of the information requested by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Ave SW, Washington, DC 20250-9410; by FAX 202-690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 1-800-877-8339 or 1-800-845-6136 (Spanish). USDA is an Equal Opportunity

Additional Household Members - PLEASE PRINT

Name Date of Birth Social Security Number Age Relationship to HOH Gender Disabled - Yes or No Race Ethnicity Education Health Insurance - Type Veteran - Yes or No	Name Date of Birth Social Security Number Age Relationship to HOH Gender Disabled - Yes or No Race Ethnicity Education Health Insurance - Type Veteran - Yes or No
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