

2146 E. Apache Blvd Tempe, AZ 85281 480-422-8922 480-361-0176 (Fax)
Hotline 480-389-1375

Tempe and Fountain Hills Residents COVID-19 RENT UTILITY ASSISTANCE

1. Your **first step** is to request the Rent/Utility Assistance Packet at TCAA's front desk (2146 E. Apache Blvd) OR download and print the packet (go to www.tempeaction.org/programs)
2. Your next **step** is to complete the application, collect all needed attachments, and bring your completed application with all required attachments to the TCAA office. You must bring the application and attachments in person.

If you have questions about the application process, contact TCAA at 480.389.1375
Monday through Friday, 8 AM to 5 PM

When you bring your application to TCAA, please plan to wait to be Pre-Screened by a Caseworker. An incomplete Packet will not be processed.

You must provide us with a working phone and message phone numbers.

Completed applications will be processed within five (10) business days. We will call you to return to TCAA and sign documents if needed. After you have signed the documents your application will be forwarded to payee (landlord, etc.) for payment.

Please refer to the attached checklist to assemble your documents.
Thank you for your cooperation.

TCAA does not reimburse customers for payments already made.



TCAA is committed to a policy of non-discrimination on the basis of race, gender, religion, sexual orientation, disability, handicap, age, national origin, marital status, or any other protected group status. This policy applies to employees, applicants for employment, clients and prospective clients, and contractors. Please call 480-350-5880 (voice) or 7-1-1 (TTY) to request.

DATE _____ NUMBER _____

LIST OF DOCUMENTS

You must include these documents in your application for COVID19 Utility Assistance

_____ **Completed Application**

_____ **Photo ID**

_____ **Most Recent – APS, SRP, Southwest Gas Bill (Utility)**
or Account number/SPR M-Power must be provided.

_____ **Standard Assistance Affidavit (separate)**



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Date _____
Client Name _____
Caseworker _____ (to be completed by TCAA)

PLEASE READ— This form must be completed. Please check the lines or boxes that apply to you. TCAA staff will accept your application when you present all the required documents. Your application will be processed within 10 business days. TCAA will contact you when application is complete.

Applicant Name: _____ Date of Birth: _____

Social Security Number: _____ Gender: ___ Male ___ Female

Current Address: _____

Mailing Address: _____

City: _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

IS ANYONE IN THE HOUSEHOLD A VETERAN? NAMES(S) _____
OR IN ACTIVE DUTY? (S) _____

Are you: ___homebound ___handicapped ___have Health Insurance ___U.S. Born, Naturalized or Legal Resident

Veteran: ___ YES ___No

Ethnicity: Are you Hispanic or Latino? ___ Yes ___No

Race: ___African American ___Asian ___Native American ___Native Hawaiian/Pacific Islander ___White
___Mixed Race ___Other

Marital Status: ___Married ___Separated ___Never Married ___Divorced ___Widowed



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Your language is ___English ___Spanish with English ___Spanish without English ___Native American with English ___Native American without English Other Language _____

Living Arrangement/Dwelling: ___House ___Mobile Home ___Apartment ___N/A ___Other

Family Type:

- Single Parent/ Female
- Single Parent/ Male
- Two Parent household
- Single person
- Two adults(no minor children)
- Other

Housing Type:

- ___ Rent
- ___ Own
- ___ Homeless
- ___ Other

Are you living in Section 8 or subsidized housing? ___Yes ___No

Are you receiving SNAP (Food Stamp) benefits? ___Yes ___No

If you have children, have you applied for Child Support Payments through DES? ___Yes ___No

What is your Atlas Number? _____

Name of Household Member with Income	List name of source of income (Employer, DES cash, Unemployment Ins. etc.)	Phone Number (employer)	Frequency (weekly, monthly, bi-weekly)	Day of week income received (Mon., Tues, etc.)	Total <u>Gross</u> Income In last 30 days

I certify that I have truthfully completed this questionnaire and give permission to the Tempe Community Action Agency designated staff to verify all information, including prior assistance from other agencies.

Applicant's Signature

Today's Date

E-Mail _____

NOTES:



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First and Last Name	Social Security Number	Gender	Date of Birth	Race See number below	Education K to 8 th ; 9 th to 12 th GED or College	Home bound	Handi capped	Health Ins.
1. Applicant		M F						
2.		M F				Y N	Y N	Y N
3.		M F				Y N	Y N	Y N
4.		M F				Y N	Y N	Y N
5.		M F				Y N	Y N	Y N
6.		M F				Y N	Y N	Y N
7.		M F				Y N	Y N	Y N
8.		M F				Y N	Y N	Y N
9.		M F				Y N	Y N	Y N
10		M F				Y N	Y N	Y N

RACE:

- 1. Amer. Indian/Alaskan Native
- 2. Asian
- 3. Black/African Amer.
- 4. Native Hawaiian/Pacific Islander
- 5. White
- 6. American Indian/Alaskan Native and White

- 7. Asian and White
- 8. Black/African Amer. and White
- 9. Amer. Indian/Alaskan/Black
- 10. Other Multi-Racial