



Family Community Support Services Program

**Application Coversheet**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

What services are you requesting or applying for? \_\_\_\_\_

\_\_\_\_\_

If you were referred to us, please list who or what agency referred you to us?

\_\_\_\_\_

**Disclosure statement:**

CVCAC, Inc. is a HUD approved Local Housing Counseling Agency providing assistance for individuals seeking housing assistance.

CVCAC, Inc. owns and operates two subsidiary corporations, EnergySmart of Vermont and Forest Prospect Housing.

**Confidential Information**

It is our policy at CVCAC to respect your privacy, guard your personal information, and to keep you informed of your rights. We adhere to the State of Vermont's Agency of Human Services Consumer Information and Privacy Rule. By signing below, you are providing informed recognition of your rights under said rule.

**Inter-Disciplinary Teams**

CVCAC staff may share information about you with the State of Vermont, contractors, and other service providers for the purpose of engaging in identifying, coordinating, planning, arranging, and providing services to you in order to carry out the Agency's statutory obligations and to help you to receive the services for which you are applying.

**Program Administration**

CVCAC staff will use and share individually identifiable information as required by our funding sources for the purposes of program administration. Examples include reporting, billing, and recordkeeping.

**Certification**

I give my word that the information that I provide in this application is true and complete to the best of my knowledge. I understand that if I knowingly provide false information that assistance may be denied.

**Right to Appeal or Request a Variance**

You have the right to appeal a denial or decision. Contact the Program Director for Family Community Support Services at 802-728-9506.

**Release**

I give my permission for CVCAC to contact State of Vermont Economic Services Division to verify the amount and type of financial benefits that I or members of my household receive.

Date release expires: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

**Household Information and Composition**

**Assessment Date:**

Physical Address:	Zip Code:
Mailing Address:	Zip Code:
Phone/Contact #:	Cell:
	Work Phone:

	Name	Social Security Number	D.O.B.	Under 6?	Gender	Relationship	Disabled Y/N	Veteran Y/N	Last Grade Completed	Health Insurance Type	Race	Hispanic Y/N
1						SELF						
2												
3												
4												
5												
6												
Total # of People in Household?				Total # under Age 6?				Do you have a useable car?		Yes / No		

**Food & Nutrition**

Are you receiving 3Squares VT (Food Stamps)?	Yes / No
List amount you are receiving _____	\$ _____
Have you ever received Food Stamps before?	Yes / No
If not, would you like to apply for Food Stamps?	Yes / No

**Head of Household (check box that applies)**

Female, Single Parent	Two Adults, No Children
Male, Single Parent	Two Parent Household
Single Person Household	Other (describe)

**Housing: (check one)**

**Type of Home: (check one)**

Own	House
Rent	Apartment
Rent with Subsidy	Duplex
Rent -- Public Housing	Mobile Home
Homeless	Do you pay lot rent? Yes / No
Other (describe)	Is heat included in your rent? Yes / No

**Heat & Utility Information**

Main Source of Heat (check one)	Main Type of Fuel (check one)
Hot Air Furnace	Oil
Base Board Hot Water	Kerosene
Wood Stove	Electric
Monitor Heater	Propane
Pellet Stove	Wood
Other (describe)	Pellets
	Other:

Has your home been weatherized?	Yes / No
If yes, when was it done?	

**Supplemental Fuel**

Supplemental Fuel Application Sent?	Yes / No
If no, would you like help completing an application?	Yes / No
Supplemental Fuel Assistance?	Approved / Denied / Did Not Apply

Electric Company	Account #
Name on Account?	
Fuel Company	Account #
Name on Account?	



## ACTUAL EXPENSES PAID IN THE LAST 30 DAYS

<b>HOUSING</b>			<b>MISCELLANEOUS</b>	
RENT	\$		RESTAURANTS/TAKE-OUT MEALS	\$
MORTGAGE	\$		TOBACCO PRODUCTS	\$
PROPERTY TAXES	\$		BEER-WINE-LIQUOR	\$
LOT RENT	\$		CLOTHING	\$
ELECTRIC	\$		LAUNDRY/DRY CLEANING	\$
HEAT	\$		PET CARE/SUPPLIES	\$
WATER/SEWER	\$		DONATIONS TO CHARITIES	\$
COOKING GAS	\$		BIRTHDAY/HOLIDAY GIFTS	\$
TELEPHONE	\$		OTHER	\$
CABLE/INTERNET SERVICE	\$		<b>SUB TOTAL</b>	\$
TRASH SERVICE	\$			
HOME/RENTER INSURANCE	\$		<b>DEBTS</b>	
<b>SUB TOTAL</b>	\$		STUDENT LOANS	\$
			CREDIT CARDS	\$
<b>FOOD - GROCERIES DO NOT COUNT FOOD STAMPS</b>			PERSONAL LOANS	\$
GROCERIES	\$		MONEY OWED TO FAMILY/FRIENDS	\$
TAXABLE ITEMS	\$		RENT A CENTER ETC	\$
PET FOOD	\$		ENTERTAINMENT	\$
CLEANING SUPPLIES	\$		OTHER	\$
SCHOOL OR WORK LUNCH	\$		<b>SUB TOTAL</b>	\$
OTHER	\$			
<b>SUB TOTAL</b>	\$		<b>TOTAL EXPENSES</b>	
			HOUSING	\$
<b>CHILD CARE - OUT OF POCKET</b>			FOOD/GROCERIES	\$
CHILD CARE	\$		CHILD CARE	\$
CHILD SUPPORT	\$		TRANSPORTATION	\$
ALIMONY	\$		MEDICAL/INSURANCE	\$
<b>SUB TOTAL</b>	\$		MISCELLANEOUS	\$
			DEBTS	\$
<b>TRANSPORTATION</b>				
GASOLINE	\$			
CAR PAYMENT	\$		<b>GRAND TOTAL ACTUAL AMOUNT PAID IN THE LAST 30 DAYS</b>	
CAR INSURANCE	\$			\$
CAR REGISTRATION	\$			
CAR REPAIRS	\$		<b>RESOURCES AVAILABLE</b>	
BUS/TAXES/RIDES	\$		CASH ON HAND	\$
OTHER	\$		CHECKING AND SAVINGS	\$
<b>SUB TOTAL</b>	\$		STOCKS,BONDS,CD'S	\$
			OTHER	\$
<b>MEDICAL/INSURANCE</b>			IRA/401K(RETIEMENT)	\$
DOCTOR/DENTIST	\$			
PRESCRIPTIONS	\$		<b>TOTAL RESOURCES</b>	
HEALTH INS PREMIUMS	\$			\$
LIFE/DISABILITY INSURANCE	\$			
<b>SUB TOTAL</b>	\$			