



SHILOH COMMUNITY HOUSING, INC.

www.shilohhousing.org ~ 907-770-2993 ~ FINANCIALPROGRAM@SHILOHHOUSING.ORG

PLEASE COMPLETE THE ONLINE APPLICATION and UPLOAD DOCUMENTS IF YOU ARE ABLE

NOTE:

Unfortunately, Alaska Housing Voucher Recipients, Affordable Housing and Public Housing Residents are not eligible to receive eviction/utility assistance through this program. However, Deposit and 1st Month Rental Assistance is allowed.

THERE'S APPROXIMATELY A TWO-WEEK TURNAROUND FOR PROCESSING REQUESTS

FINANCIAL ASSISTANCE APPLICATION INSTRUCTIONS

1. COMPLETE ALL INFORMATION REQUESTED ON APPLICATION. UPLOAD IMAGES/FILES OF ALL REQUIRED DOCUMENTS LISTED BELOW. **Please wait until you have all the documents before submitting your application. You will not be able to return to this application to add documents later. Incomplete applications will not be considered.**
2. ATTACH COPIES OF ALL REQUIRED DOCUMENTS LISTED BELOW
IF COMPLETING A PAPER APPLICATION, EMAIL COMPLETED APPLICATION AND ALL REQUIRED DOCUMENTS TO FINANCIALPROGRAM@SHILOHHOUSING.ORG
INCOMPLETE APPLICATIONS ARE NOT PROCESSED
3. AN APPLICATION IS NOT A GUARANTEE OF ASSISTANCE.

REQUIRED DOCUMENTS:

EVICTON PREVENTION NO ARREARS or LATE FEES	UTILITY ASSISTANCE (ONLY PAST DUE PAID UNLESS SHUTOFF NOTICE)	DEPOSIT/1 ST MONTH RENT (\$500 MAXIMUM)
<ul style="list-style-type: none"> • ID (GOVERNMENT ISSUED) • PROOF OF INCOME (CHECK STUBS, SSI/SSDI/ATAP/TANF/APA PRINTOUTS or AGENCY LETTER) • EVICTION NOTICE (CURRENT MONTH ONLY) • LEASE AGREEMENT (SIGNED AND DATED BY TENANT AND LANDLORD) • OTHER RELATED DOCUMENTATION 	<ul style="list-style-type: none"> • ID (GOVERNMENT ISSUED) • PROOF OF INCOME (CHECK STUBS, SSI/SSDI/ATAP/TANF/APA PRINTOUTS or AGENCY LETTER) • UTILITY STATEMENT • LEASE AGREEMENT (SIGNED AND DATED BY TENANT AND LANDLORD) • OTHER RELATED DOCUMENTATION 	<ul style="list-style-type: none"> • ID (GOVERNMENT ISSUED) • PROOF OF INCOME (CHECK STUBS, SSI/SSDI/ATAP/TANF/APA PRINTOUTS or AGENCY LETTER) • UNSIGNED LEASE AGREEMENT (PRIOR TO MOVE-IN) • HOUSING INSPECTION PASS VERIFICATION (IF AHFC voucher recipient) • OTHER RELATED DOCUMENTATION

IF APPROVED FOR EVICTION, UTILITY, DEPOSIT OR 1ST MONTH RENT, A W9 FROM YOUR LANDLORD MUST BE EMAILED TO FINANCIALPROGRAM@SHILOHHOUSING.ORG

Information verification is necessary to ensure legitimacy, accuracy and authenticity of requested assistance. False statements, incomplete application and documentation could result in application delay and/or denial.



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FINANCIAL ASSISTANCE APPLICATION

__Eviction Assistance __Utility Assistance __Deposit Assistance __1st Month Rent Assistance

DATE OF REFERRAL

REFERRING AGENCY

NAME OF HEAD OF HOUSEHOLD

PHYSICAL ADDRESS

MAILING ADDRESS (If different than above)

HOME PHONE (OPTIONAL)

CELL PHONE

EMAIL

HEAD OF HOUSEHOLD SOCIAL SECURITY #:

HEAD OF HOUSEHOLD DATE OF BIRTH:

OFFICE USE ONLY - DO NOT COMPLETE

DISPOSITION OF REQUEST

APPLICATION: [] APPROVED [] DENIED [] PAPERWORK EMAILED TO CSS

[] PREVENTION [] EMERGENCY [] DIRECT (1st RENT OR DEPOSIT) [] SUPPORT

SHILOH COMMUNITY HOUSING, INC.
FINANCIAL ASSISTANCE APPLICATION

DATE RECEIVED

FAMILY SUPPORT REPRESENTATIVE

1. Please list all persons living in your household (If Additional Space needed list on back)

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Do you have relatives in this state? Y [] N [] *If yes, please list below*

Name	City	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. State the nature of your request and the reason why you are applying for assistance.

4. Have you received assistance from this office before? Y [] N [] *If yes, indicate below*

TYPE OF SERVICE RECEIVED

DATE RECEIVED

Have you received assistance from any other source within the past six months? Y [] N []

If yes, please identify the agency and type of assistance you received

**SHILOH COMMUNITY HOUSING, INC.
FINANCIAL ASSISTANCE APPLICATION**

5. Household Income- Please list income of **all** household member

Name	Type of Income	Income Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you receive Food Stamps? Yes or No If Yes Amount \$ _____

Do you receive Medicaid/Medicare? Yes or No

6. Household Expenses- List all monthly expenses for your household

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. Landlord/Mortgage Information

COMPANY/LANDLORD NAME PHONE

MAILING ADDRESS CITY STATE ZIP

Please explain how you will be financially okay for next month:

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF APPLICANT

DATE

**SHILOH COMMUNITY HOUSING, INC.
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AUTHORIZATION FOR RELEASE OF INFORMATION

This form authorizes the core team/case manager to provide and/or obtain information from social service agencies, relatives, church ministries, and other programs. The requested information will be used solely in the administration of the BHAP service assistance and will be entered into the AKHMIS system for case management but will not be released to any other persons or agency unless you authorize us to do so.

I/We (NAME OF APPLICANT(S)) _____ authorize the Shiloh Community Housing, Inc. to obtain or provide information for the purpose of case management and information and referral services as needed. This release of information is valid for a period of six months from the date signed.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF APPLICANT

DATE