

You must have an appointment. To obtain an appointment call 1-844-356-8136. Walk-ins are not accepted. You cannot apply online. If you wish, you may print out this application and complete it before coming to our office, but **DO NOT SIGN** until your appointment. If you need help completing any part of the application you may wait until you meet with a caseworker who will be happy to assist you. Revised 7/12/16

## Central Florida Community Action Agency, Inc.

**Please provide ALL information requested. Only black or blue ink can be accepted.**

1. Give the following information for yourself and every other person living in your home. If more than eight people live in your home, please request an additional sheet.

NAME	Date of birth	Type of income *	Weekly, biweekly monthly	Amount of income (put zero if none)	Race: W,B,A Mixed	Hispanic Y,N	Highest grade completed	Relationship to applicant
Your name:								SELF
Other names:								

\*Type of income includes wages, tips, self-employment, social security, SSD, SSI, TANF, child support, unemployment, retirement, pensions, interest, insurance or annuity payments, support from family, **any other money that is received by any member of the household.**

2. Address where you live: \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
*Street Address* *City or Town* *County* *Zip Code*

3. Mailing address if different: \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
*Street Address* *City or Town* *Zip Code*

4. Telephone number(s) where you can be reached: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

5. Please tell us if you:  rent your home  own your home  other: \_\_\_\_\_

6. Do any household members have a disability and receive disability benefits?  Yes, name(s): \_\_\_\_\_  No

7. Is any household member a veteran?  Yes, name(s): \_\_\_\_\_  No

8. If you or any other household members are **not** U.S. citizens and/or lawful residents list names and status below:

Name(s): \_\_\_\_\_ Immigrant status: \_\_\_\_\_

9. Does any household member have Health insurance, Medicare, Medicaid, Healthy Kids, or any other kind of assistance that helps to pay for medical expenses?

Yes, name(s): \_\_\_\_\_  No

10. Does any household member receive child support payment?  Yes, amount: \_\_\_\_\_  No

11. Does any household member receive food stamps?  Yes, amount: \_\_\_\_\_  No

12. Do you live in assisted housing? (Section 8, Housing Authority, or any other form of reduced rent housing?)  Yes  No

If yes, amount of rent you pay \_\_\_\_\_ Amount of utility reimbursement check \_\_\_\_\_

13. Please check all other government assistance received by your household.  TANF (cash)  WIC

School Food  Medicaid  VA  EHEAP  Other: \_\_\_\_\_  None

14. From which other agencies have you received help in past 12 months? \_\_\_\_\_

15. Is any household member related to any agency board members or agency employee?  Yes  No

If yes, please name board member or staff \_\_\_\_\_ and state relationship \_\_\_\_\_

16. Does any household member belong to the Poarch Indian Tribe?  Yes, name: \_\_\_\_\_  No

17. If you are applying for assistance with a utility bill, please answer the following questions:

a) Is your utility bill in either your name or the name of a household member?  Yes  No

If no, please explain \_\_\_\_\_

b) Is your cost of home energy included in your rent?  Yes  No  Don't rent

If yes, landlord's name and phone number: \_\_\_\_\_

**If you are applying for energy assistance, please read the following important information.**

Any energy assistance you may receive from Central Florida Community Action Agency (CFCAA) is a one-time benefit. Every effort will be made to issue a check to your energy company promptly, but CFCAA makes no guarantee regarding date of payment. You will know the payment has been received when there is a credit on your account. Please contact CFCAA if the approved benefit does not appear on your account within 60 days or if the amount of the credit is different from the amount on your approval notice. Failure to inform CFCAA about any such discrepancies may result in forfeiture of the benefit.

Payment of your account remains your responsibility and CFCAA assumes no liability for any consequences of non-payment, including but not limited to disconnects, late fees, or additional charges. CFCAA will pay only the amount of the approved benefit.

**PLEASE BE SURE YOU HAVE ANSWERED ALL QUESTIONS COMPLETELY.  
IF INFORMATION IS MISSING WE MAY NOT BE ABLE TO ASSIST YOU.**

Applicant's Certification and Release

**IMPORTANT:**

***Please READ and UNDERSTAND this before you sign. Ask for clarification if you don't understand.***

I understand that the programs administered by Central Florida Community Action Agency (CFCAA) use federal funds distributed by the State of Florida and all records are subject to federal and state laws regarding public records.

I certify that the information I have given in this application, and in documents provided with this application, is true and accurate, and no information has been withheld. I understand that misrepresentation is illegal and may result in denial of future services and/or prosecution. I understand that any benefits I receive for which I am not eligible, regardless of cause, must be repaid before obtaining future services.

I authorize Central Florida Community Action Agency (CFCAA) to contact my employers (past and present), energy vendors, and any other individuals or organizations CFCAA deems necessary for the purpose of verifying information I provide, either written or verbal.

I authorize my employers (past and present), energy vendors, and any potential recipients of the funds for which I am applying to provide information about me and my household to Central Florida Community Action Agency (CFCAA). I hereby release any such entities and their employees and representatives from any liability for providing this information to CFCAA and its employees.

I authorize Central Florida Community Action Agency (CFCAA) to provide information obtained in connection with this application to energy vendors and any potential recipients of the funds for which I am applying, and to agencies to which I have applied or may apply or be referred for assistance. I hereby release CFCAA and its employees from any liability for providing this information to any such entities and their employees and representatives.

(Before signing, be certain you <b>understand</b> and <b>agree</b> to the above.)	
<b>APPLICANT SIGNATURE:</b>	<b>Date:</b>

**DID YOU ANSWER ALL THE QUESTIONS?**

**DID YOU PROVIDE COMPLETE INFORMATION ABOUT EVERY HOUSEHOLD MEMBER?**

**IF ANY INFORMATION IS MISSING WE MAY BE UNABLE TO ASSIST YOU.**