

**PEORIA CITIZENS COMMITTEE FOR ECONOMIC OPPORTUNITY, INC.
INTAKE FORM**

<input type="checkbox"/> FEMA	<input type="checkbox"/> Individual Service
<input checked="" type="checkbox"/> Community Services Block Grant	<input type="checkbox"/> Emergency Services Grants Program
Agency <u>PCCEO</u>	Application Date ___ / ___ / ___ Intake Site _____

APPLICANT INFORMATION

SSN ___ / ___ / ___ Date of Birth ___ / ___ / ___ Phone _____

Last Name _____ First _____

Street Address _____ City _____ Zip _____

Gender <input type="checkbox"/> M <input type="checkbox"/> F	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Food Stamps <input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	

Ethnicity <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Nat. American/Alaska <input type="checkbox"/> Asian	Education Level <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 (not HS Grad) <input type="checkbox"/> HS Grad/GED <input type="checkbox"/> 12+ <input type="checkbox"/> College Grad
--	---

No. of persons in your household including yourself _____

Type of Farmer <input type="checkbox"/> Farmer <input type="checkbox"/> Migrant <input type="checkbox"/> Seasonal <input type="checkbox"/> Not a Farmer	Family Type <input type="checkbox"/> Female Single Parent <input type="checkbox"/> Male Single Parent <input type="checkbox"/> Two Parents <input type="checkbox"/> Couple/no children <input type="checkbox"/> Single <input type="checkbox"/> Other
Housing Status <input type="checkbox"/> Renter \$ _____ <input type="checkbox"/> Owner <input type="checkbox"/> Homeless <input type="checkbox"/> Other	

Sources(s) of Household Income _____ Total 90 days Income \$ _____

- Employment
- Pension
- TANF
- SSI
- General Asst.
- SS
- Unemployment
- Disability
- Other

For Office Use Only	
<i>Service Received</i>	<i>Amount Received</i>

PLEASE ENTER SPOUSE AND DEPENDENT INFORMATION ON THE OTHER SIDE

SPOUSE AND DEPENDENT INFORMATION

SSN _____ / _____ / _____	Date of Birth _____ / _____ / _____	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F
Last Name _____	First _____	Relationship _____		
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Race _____	Education Level _____

SSN _____ / _____ / _____	Date of Birth _____ / _____ / _____	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F
Last Name _____	First _____	Relationship _____		
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Race _____	Education Level _____

SSN _____ / _____ / _____	Date of Birth _____ / _____ / _____	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F
Last Name _____	First _____	Relationship _____		
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Race _____	Education Level _____

SSN _____ / _____ / _____	Date of Birth _____ / _____ / _____	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F
Last Name _____	First _____	Relationship _____		
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Race _____	Education Level _____

SSN _____ / _____ / _____	Date of Birth _____ / _____ / _____	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F
Last Name _____	First _____	Relationship _____		
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Race _____	Education Level _____

SSN _____ / _____ / _____	Date of Birth _____ / _____ / _____	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F
Last Name _____	First _____	Relationship _____		
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Race _____	Education Level _____

(Please use separate sheet of paper for more dependents. Be sure to include all of the above information.)

APPLICATION AFFIRMATION AND AUTHORIZATION TO VERIFY INFORMATION APPLICANT STATEMENT: I certify that the above information is an accurate and complete disclosure of the requested information. I hereby acknowledge that the information relating to determination of my eligibility requires verification and/or documentation and by signature, I authorize others to release such information as may be required for the determination of my eligibility.

Signature of Applicant _____ Date _____

Applicant Email Address _____

Intake Worker Signature _____ Date _____

PCCEO EMERGENCY ASSISTANCE PROGRAM

CAUSE OF HOMELESSNESS

Cause of Homelessness	Single Male	Single Female	Couple No Child	Couple W/ Child	Male W/ Child	Female W/ Child
Loss of Job						
Insufficient income						
Mismanagement of income						
Loss of Public Assistance						
Condemned Housing						
Disaster/Fire						
Eviction						
No Affordable housing						
Release from MH facility						
Release by Corrections Dept.						
Alcohol Abuse						
Substance Abuse						
Medical Condition						
Neighborhood/Gang Violence						
Domestic Violence						
Overcrowding/Family Dispute						
In Transit						
Other						

Services Provided:

_____ Lodging

_____ Rental Assistance

I, _____ hereby state that I am homeless, or at-risk of being homeless, and in need of Emergency Assistance.

Signature Date

Address

Phone

Social Security Number

_____ Date

Tenants Name and Address

Dear _____:
Client

You are behind in your rent which is due on the _____ day of each month. You are behind for the month/months of _____ at the rate of \$_____/per month for a total of \$_____ past due not including deposits, late fees or other fees.

To avoid further action, please pay this amount immediately.

I agree to accept Emergency Assistance Program funds for one month's rent which was due on _____ (date). Payment will guarantee residency for an additional 30 days.

Sincerely,

Landlord Signature/Address/Phone Number

Verified by Agency Staff

HELPING PEOPLE CHANGE LIVES... FOR EVERY STAGE OF LIFE!
711 W. McBean St. / Peoria, IL 61605 / Phone (309) 671-3900 / Fax (309) 671-3913
www.pcceo.org

PEORIA CITIZENS COMMITTEE FOR ECONOMIC OPPORTUNITY, INC.
EMERGENCY RENTAL ASSISTANCE PROGRAM

Date _____

Tenant Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

How long has Tenant lived at this location _____

Move in Date _____

Landlord/ Realty Co. Name _____

Landlord/ Company Address _____

City _____ State _____ Zip _____

Phone Number _____

I (Landlord) _____ verify that the

Tenant (Tenant's Name) _____

(A) Pays a monthly rent of \$_____ due on
(day of month per lease) _____

(B) Now owes a total rent amount of \$_____ and is seeking assistance
for the month of _____

(C) Owes a late charge of \$_____ (if applicable)

(D) Tenant will be evicted if this amount is not paid \$_____

(To Landlords): This form must be completed and returned to us for your Tenant to be assisted with rent payment.

*If you accept financial assistance, you agree Tenant is guaranteed an additional 30 days of service.

Signature of Landlord

Signature of Intake Worker Date

COMPLETION OF THIS FORM IS NO GUARANTEE THAT CLIENT WILL RECEIVE RENTAL ASSISTANCE

**PCCEO EMERGENCY ASSISTANCE PROGRAM
HOMELESS ELIGIBILITY VERIFICATION FORM**

Printed Name of Client: _____

Signature of Client: _____

Printed Name of Person Completing Form: _____

Signature of Person Completing Form: _____

Date: _____

Homeless persons are those who are currently in one of the following situations:

Person sleeping in a place not meant for human habitation: car, park, on the sidewalk or in an abandoned building;

Person sleeping in an emergency shelter;

Person living in transitional or supportive housing for homeless person, but who originally came from the streets or an emergency shelter;

Person who was released from a hospital or other institution after being there for 30 consecutive dates or less and being returned to one of the above sleeping/living conditions;

Person is being evicted within 7 days from private dwellings and no subsequent residences have been identified and lacks the resources and support networks needed to obtain housing;

Person is being discharged within 7 days from an institution in which they have been a resident for more than 30 consecutive days and no subsequent residences have been identified and they lack the resources and support networks needed to obtain housing;

Abused/battered spouse is fleeing a domestic violence housing situation and no subsequent residences have been identified and they lack the resources and support networks needed to obtain housing; or

Persons moving into a new residence

_____ Date

Tenants Name and Address

Dear _____:
Client

You are behind in your rent which is due on the _____ day of each month. You are behind for the month/months of _____ at the rate of \$_____/per month for a total of \$_____ past due not including deposits, late fees or other fees.

To avoid further action, please pay this amount immediately.

I agree to accept Emergency Assistance Program funds for one month's rent which was due on _____ (date). Payment will guarantee residency for an additional 30 days.

Sincerely,

Landlord Signature/Address/Phone Number

Verified by Agency Staff

HELPING PEOPLE CHANGE LIVES... FOR EVERY STAGE OF LIFE!
711 W. McBean St. / Peoria, IL 61605 / Phone (309) 671-3900 / Fax (309) 671-3913
www.pcceo.org

Date

Tenants Name and Address

Dear _____:
Client

This is to confirm that _____ (name of family or individual)
has/have arranged to rent an apartment/house from me at (address of apartment/house)
_____, effective _____ (date).

The amount of one month's rent is \$ _____, which does not include deposits or
other fees, and this amount will be due on (day/month/year) _____.

I agree to accept Emergency Assistance Program funds for the payment of first month's rent.

Sincerely,

Landlord Signature/Address/Phone Number

Verified by Agency Staff

HELPING PEOPLE CHANGE LIVES... FOR EVERY STAGE OF LIFE!
711 W. McBean St. / Peoria, IL 61605 / Phone (309) 671-3900 / Fax (309) 671-3913
www.pcceo.org

PCCEO EMERGENCY ASSISTANCE PROGRAM
STATEMENT OF HOMELESSNESS / EMERGENCY FOOD

I, _____ attest to the fact that I am without food and/or secure shelter and am in need of Emergency Assistance.

COMMENTS: (Please explain the need for assistance): _____

I understand that to perjure myself in order to obtain assistance is a fraudulent offence for which I can be prosecuted or denied services.

Signature

Date

Social Security Number

Name of Head of Household

Address

Witnessed by

Date