



**Under 1 Roof**  
**SOCIAL SERVICES DEPARTMENT**  
**APPLICATION REQUIREMENT DOCUMENTS**

**Social Services Pre-Screening Form**

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

1. What services are you in need of? \_\_\_\_\_
2. Do you have a 3 day or an eviction notice? \_\_\_\_\_
  - a. Are you receiving housing assistance? \_\_\_\_\_
    - i. Section 8 \_\_\_\_\_ (DHA, GHA, MHA, LHA, PHA, FHA)
    - ii. Dallas Public Housing \_\_\_\_\_
    - iii. Permanent Supportive Housing Voucher Program)? \_\_\_\_\_
3. Why do you need assistance? \_\_\_\_\_
4. If we can assist you, will you be able to pay your rent next month? \_\_\_\_\_
5. If we can assist you with part of your rent/ utilities, can you come up with rest?  
\_\_\_\_\_
6. Are you employed, if so what do you take home monthly? \_\_\_\_\_

Case Manager \_\_\_\_\_

# Under 1 Roof SOCIAL SERVICES DEPARTMENT APPLICATION

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Date \_\_\_\_\_

Please help Under 1 Roof, Social Services Department, expedite the processing time of your application by including the following documents. Failure to provide any required documents could delay the application process. All documents will be photo copied for the organizations records.

**Please check all boxes that are applicable to your current assistance request**

- Driver's license (valid Texas ID accepted) only if you do not possess a valid TX driver's license.
- Social Security Card
- Income Statement (check stub acceptable) including unemployment, child support and alimony income proof.
- If you are receiving disability, **you must** provide all supplemental Security Income (SSI) documents supporting the claim.
- If you are under a doctor's care and cannot work, **you must** provide a statement from that doctor.
- If you are in need of rental assistance, please attach the **rental agreement/government housing agreement/mortgage or lease agreement.**
- Please provide past due utility bill, 3-Day Notice or Eviction Notice from apartment complex or landlord.
- If you are unemployed, provide Texas Workforce Commission (TWC) documents confirming that you are registered in their system.
- Provide **any** additional **documentation** to support your claim within (5) business days.

\*I have read and understand that it is my responsibility to provide all necessary documentation and the processing of this application will take at least 14 days.

**APPLICANT SIGNATURE:** \_\_\_\_\_

Thank you for your cooperation,  
Under 1 Roof

SOCIAL SERVICES APPLICATION  
(Print legibly in ink)

Social Services Department  
April 2015 vj

# Under 1 Roof SOCIAL SERVICES DEPARTMENT APPLICATION

**IMPORTANT NOTE:** Application must be filled out completely and signed before being considered for assistance

## Application Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ (Valid ID will be required)

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Apartment: \_\_\_\_\_ Phone: \_\_\_\_\_

Name(s) on Lease: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MARITAL STATUS:** Married  Divorced  Single  Separated  Widow

Spouse Name: \_\_\_\_\_ Number of Children/Dependents: \_\_\_\_\_

LIST ALL PERSONS LIVING IN YOUR HOUSEHOLD (adult and children)

Name	Birthday	Relationship to Applicant
1.		
2.		
3.		
4.		
5.		

Why are you requiring assistance from our agency? (For ex: loss of spouse, loss of employment, loss of financial contributor/wage earner, loss of benefits, etc.) **\*please provide documentation**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If unemployed, state reason for leaving past job? \_\_\_\_\_

\_\_\_\_\_

Amount and date of last check \$ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you presently seeking employment? \_\_\_\_\_ What Type? \_\_\_\_\_

What skills do you possess? \_\_\_\_\_

## Under 1 Roof SOCIAL SERVICES DEPARTMENT APPLICATION

Are you willing to work in order to receive assistance?    Yes                   No

What days/hours are you available? \_\_\_\_\_

Has anyone in your household worked within the last three months?    Yes                   No

Who? \_\_\_\_\_ Where? \_\_\_\_\_

**\*\*\*\* If you are receiving AFDC and/or Food Stamps attach F.1009 Cert.\*\*\*\***

Have you or anyone in your household applied for government assistance (AFDC food stamps, Social Security, Unemployment, S.S.I., Section 8 Housing, etc.)?    Yes                   No

Which Type? \_\_\_\_\_

Status of Application? \_\_\_\_\_

Have your utilities been disconnected?    Yes                   No                   Have you requested a waiver of  
the reconnect/deposit charge and/or payment plan?    Yes                   No

Have we assisted you before?    Yes     No     When? Month\_\_\_\_\_ Date\_\_\_\_\_ Year\_\_\_\_\_

(If YES, counseling may be required before application can be considered)

Purpose: \_\_\_\_\_ Amount: \_\_\_\_\_

**\*\*\*Have you received FEMA funds within the past 12 months?\*\*\*\***

Agency Name	Dates	Services	Amount

Have you asked your church or any non-profit agencies for assistance?    Yes                   No

Agency Name	Date

I have read all instructions carefully and acknowledge that all information given on this application is true.

I authorize the release of any and all information to verify this application.

(X) \_\_\_\_\_ Date: \_\_\_\_\_

Signature

# Under 1 Roof SOCIAL SERVICES DEPARTMENT APPLICATION

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**\*\*\*\*\*APPLICATION MUST BE FILLED OUT COMPLETELY AND SIGNED BEFORE BEING  
CONSIDERED FOR ASSISTANCE\*\*\*\*\***

Social Services Application

## FINANCIAL INFORMATION

Name of Employer: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_

Position: \_\_\_\_\_ Pay Rate: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

LIST ALL CASH ASSETS:

Total in saving account \$ \_\_\_\_\_ Total in Checking Account: \$ \_\_\_\_\_

Total in other accounts/items \$ \_\_\_\_\_ Total cash assets: \_\_\_\_\_

**LIST ALL INCOME:**

Monthly Net Earnings	Monthly AFDC	Monthly Social Security	Monthly Unemployment
Applicant \$	Applicant \$	Applicant \$	Applicant \$
Spouse \$	Spouse \$	Spouse \$	Spouse \$
Other \$	Other \$	Other \$	Other \$
<b>Total (1) \$</b>	<b>Total (2) \$</b>	<b>Total (3) \$</b>	<b>Total (4) \$</b>

**LIST ALL INCOME**

Monthly Food Stamps	Other Govt. Assistance	All Total
Applicant \$	Applicant \$	(1)
Spouse \$	Spouse \$	(2)
Other \$	Other \$	(3)
Total (5) \$	Total (6) \$	(4)
		(5)
		(6)
	<b>TOTAL INCOME</b>	<b>\$</b>

## Under 1 Roof SOCIAL SERVICES DEPARTMENT APPLICATION

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Social Services Application

LIST ALL DEBTS/EXPENSES: The last column should total to the amount being requested

	Balance Due	Monthly Payments	Amt. past due	Amt. of asst. ask
Rent				
Mortgage				
Auto Loan				
Bank Loan				
Major credit card				
Retail credit card				
Other				
Electricity				
Gas/Water				
Telephone				
Food				
Medical/Prescriptions				
Childcare/Education				
Insurance				
Gasoline/Repairs				
Total				

**After you complete this form, save it with no spaces in the name of the document and upload it on the website. DO NOT EMAIL THIS DOCUMENT.**

**\*\*\*DO NOT WRITE BELOW THIS PAGE\*\*\***

# Under 1 Roof SOCIAL SERVICES DEPARTMENT APPLICATION

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## SOCIAL SERVICES APPLICATION

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

Verification of assistance provided: Yes  No

Rent Verification:

Does applicant live there? Yes  No

Name of person on lease: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Which month is currently due? \_\_\_\_\_

How much is owed (including late charges) \_\_\_\_\_

Is applicant a chronic delinquent or prompt paying tenant? \_\_\_\_\_

Amount to be paid \$ \_\_\_\_\_

Vendor: Payee name & address \_\_\_\_\_

### UTILITIES VERIFICATION (verification must be attached)

Business	Company Name	Account #	Amount Due	Amount to be Paid
Electric				
Water				
Gas				
City				
Other				

Approved:  Date: \_\_\_\_\_ Denied  Date: \_\_\_\_\_

Were all verifications attached? Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_