



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

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

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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 \$
Total (1) \$	Total (2) \$	Total (3) \$	Total (4) \$

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)
	TOTAL INCOME	\$

Under 1 Roof SOCIAL SERVICES DEPARTMENT APPLICATION

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

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: _____
