



**FRANKLIN CENTER**  
of Beaver County

## Franklin Center of Beaver County, Inc. Housing Assistance Program Intake Form

Date of Application: \_\_\_\_\_ Gender: \_\_\_\_\_M \_\_\_\_\_F

Name of Applicant \_\_\_\_\_  
(Last) (First)

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
(No. & Street) (City & Zip Code)

Zip Code of last permanent address \_\_\_\_\_

Social Security \_\_\_\_\_ Phone \_\_\_\_\_

Residence Prior to Program Entry \_\_\_\_\_

New Client \_\_\_yes \_\_\_no If no, when did you receive services from this agency?  
\_\_\_\_\_

Ethnicity\_\_\_ Hispanic \_\_\_Not Hispanic

Race: \_\_\_\_\_African American \_\_\_\_\_Caucasian \_\_\_\_\_Other

Veteran Status \_\_\_\_\_Yes\_\_\_\_\_ No

HOUSEHOLD INFORMATION How long at this residence? \_\_\_\_\_

How many in Household? \_\_\_\_\_

Unaccompanied Adult\_\_\_ Unaccompanied Youth\_\_\_ Head of Household \_\_\_\_\_

# of Children in Family\_\_\_\_\_

Other Adult in Family\_\_\_ Caregiver/Guardian\_\_\_ Single Parent \_\_\_ Two Parent \_\_\_\_\_

Please list below children under the age of 18 living in household

Child

Date of Birth

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INCOME INFORMATION

Monthly Household Income (include all persons living in the household):

\$ \_\_\_\_\_

Sources of Income:

Employer's Name: \_\_\_\_\_ Employers Address \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employers Address \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Other Sources of Income: State Monthly income where appropriate:

Public Assistance (Welfare): \$ \_\_\_\_\_ SSI/SS Disability: \$ \_\_\_\_\_ Pension: \$ \_\_\_\_\_

Unemployment: \$ \_\_\_\_\_ Worker's Compensation \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Within the past 12 months, have you lost your cash benefits from cash assistance?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give the date of the last payment: \_\_\_\_\_

Briefly describe the problem for which you seek "Housing Assistance":

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

Chronic Homeless History: \_\_\_\_\_ Disabling Condition: \_\_\_\_\_

Are you currently receiving any of the following services: Drug & Alcohol Y/N

Mental Health Y/N Domestic Violence Y/N

FOR RENTAL ASSISTANCE

Amount of Monthly Rent: \$ \_\_\_\_\_ Amount Requested from FCBC: \$ \_\_\_\_\_

\*\*\*Must provide proof that the Landlord will continue to rent (if payment is made)

FOR UTILITY PAYMENT ASSISTANCE:

1. Name of Utility Company: \_\_\_\_\_

Amount Requested from FCBC \$ \_\_\_\_\_

Reason for this Request: \_\_\_\_\_

2. Name of Utility Company: \_\_\_\_\_

Amount Requested from FCBC (Franklin Center of Beaver County) \$ \_\_\_\_\_

Reason for this Request: \_\_\_\_\_

\*\*\* (UTILITY BILL MUST BE PRESENTED WITH THIS APPLICATION) \*\*\*

Other Assistance Received:

Within the last 12 months, have you or anyone living in your household received assistance from the following? PLEASE CHECK:

Low-income Home and Energy Assistance Program (LIHEAP)

Federal Emergency Management Agency (FEMA) funds through the American Red Cross and/or Catholic Charities

Housing Assistance payments (through FCBC)

Utility Assistance directly from the utility company

If you or anyone living in your household have checked either of the above programs, provide the date of assistance, amount of assistance and information regarding how the funds were used by you:

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

The information that I have provided is accurate and complete and may be verified. This information will remain confidential and will be shared only when it is a benefit to the applicant.

Signature: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

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

\*\* NO INDIVIDUAL CAN RECEIVE MORE THAN \$1000 FROM THIS PROGRAM IN ANY GIVEN 24 MONTH PERIOD\*\*

\*\* NO FAMILY CAN RECEIVE MORE THAN \$1200 FROM THIS PROGRAM IN ANY GIVEN 24 MONTH PERIOD\*\*