

**Office of Community Care  
Social Services Assistance Request Form**

If you are interested in scheduling an appointment for Rental or Utilities Assistance through the City of Dallas Office of Community Care, Social Services program, please complete this application. Once this application is received, you will be contacted by email from a City of Dallas Social Services caseworker. This is not a guarantee that you are eligible to receive assistance – you must have an interview with a caseworker by appointment only.

Please note, submission of a pre-application does not guarantee provision of rental or utilities assistance

Date	
Applicant Name:	
Telephone:	
Alternate Phone:	
Email Address (should be private email):	

**Requested Services**

Question	Response
1. Do you need rent assistance or utility assistance?	<input type="checkbox"/> Rent <input type="checkbox"/> Utilities (electric, gas, water)
3. Are you a resident of the City of Dallas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. We have a program that assists people living with HIV. Would anyone in your household qualify?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Where are you residing right now?	<input type="checkbox"/> Apartment or Condominium <input type="checkbox"/> House, Duplex <input type="checkbox"/> In Motel/Hotel (that I am paying for) <input type="checkbox"/> In Motel/Hotel (that non-profit or gov't pays for) <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Outside, Car, Abandoned Building
6. What is your address?	Street: _____ City: _____ Zip: _____ County: _____

7.	How many people are in your household? <i>(including all adults and children, but not counting roommates)</i>	# of Adults/Children: _____ # of Roommates: _____
<b>INCOME</b>		
8.	Does anyone in your household have income right now?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Did anyone in your household have income in the past 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Will anyone in your household start receiving income? <i>(For example, starting a new job, starting unemployment benefits, etc.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No.
11.	<p>What is the source and amount of your household's monthly income?</p> <p><i>What is the source?</i></p> <ul style="list-style-type: none"> <li>• Work</li> <li>• Unemployment</li> <li>• Social Security</li> <li>• SSI</li> <li>• Pension</li> <li>• Other</li> </ul> <p><i>What is the gross amount?</i></p> <ul style="list-style-type: none"> <li>• Before any deductions</li> </ul> <p><i>How often are you paid?</i></p> <ul style="list-style-type: none"> <li>• Monthly</li> <li>• Twice a month</li> <li>• Every two weeks</li> <li>• Every week</li> </ul>	<input type="checkbox"/> No income <input type="checkbox"/> Source #1: _____ Gross Amount: _____ Paid How Often: _____ <input type="checkbox"/> Source #2: _____ Gross Amount: _____ Paid How Often: _____ <input type="checkbox"/> Source #3: _____ Gross Amount: _____ Paid How Often: _____ <input type="checkbox"/> Source #4: _____ Gross Amount: _____ Paid How Often: _____
<b>RENT</b>		
12.	What is the amount of your monthly rent?	\$_____ per month
13.	About how many months behind are you on your rent?	_____ Months
14.	Have you received an eviction notice or past due notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Are you listed on the lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	What is the name of your landlord or mortgage company? <i>(For example, who do you write your check or money order to each month)</i>	Mortgage Co.: _____ Apt Complex Name: _____ Apt Business Name: _____

<b>UTILITIES</b>		
17.	What amounts do you own on your utilities?  What is the name of your utility company?	Electric Owed: \$ _____ Gas Owed: \$ _____ Water Owed: \$ _____
18.	About how many months behind are you on utilities?	_____ Months
19.	Have you received a disconnect to termination notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Are you listed on the utility account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	What is the name of your utility company?	Electric: _____ <input type="checkbox"/> COD Vendor Gas: _____ <input type="checkbox"/> COD Vendor Water: _____ <input type="checkbox"/> COD Vendor

I hereby certify that the information given is complete and accurate to the best of my knowledge. I understand that I may be required to present documents to support the information provided. I understand that the inaccurate or incomplete information reported could affect my approval.

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

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

Printed Name: \_\_\_\_\_

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