

**ANY OF THE FOLLOWING that applies to your household has to be provided:**

- Application       Authorization of Release **(everyone over 18 yrs old must sign one)**  
 City Citation Letter (if applicable)       Copy of Social Security Card(s) — for all household members

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(Please provide copies **of all income AND assets** that applies to each household member) --you may write on the back of this form, if needed.

**Earned/Unearned INCOME DOCUMENTATION:**

- |   |   |
|---|---|
| <input type="checkbox"/> Social Security Benefits | <input type="checkbox"/> Alimony or Separation    |
| <input type="checkbox"/> Military Benefits        | <input type="checkbox"/> Child Support            |
| <input type="checkbox"/> Veteran's Benefits       | <input type="checkbox"/> Self-Employment          |
| <input type="checkbox"/> Pensions & Annuities     | <input type="checkbox"/> Full-Time Student Status |
| <input type="checkbox"/> Unemployment             | <input type="checkbox"/> Oral Verification_____   |
| <input type="checkbox"/> Public Assistance        | <input type="checkbox"/> OTHER_____               |

**Employment** (*Names & complete mailing addresses* of employer(s), Phone/FAX numbers)

**INTEREST INCOME FROM ASSETS:** (Name of Source, complete mailing address, Phone/FAX numbers)

- BANK STATEMENT—Checking or Savings, Certificate(s) of Deposit **(2 months-all pages)**  
 TAX FORM 1099—IRA, Keogh or other similar Retirement Savings Accounts; Money Market Funds; STOCKS, DIVIDENDS

**Cash Value of Life Insurance policies**

**Homeowner's PROPERTY TAX Documentation:** — Property Tax Receipt, Mortgage Statement or Verification through Johnson County Clerk's Office

**HOMEOWNER'S INSURANCE Documentation:** (For roof replacement only)

Insurance Company: \_\_\_\_\_

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

**OTHER:** Owner nonresident permission / Ownership in Trust (must provide entire trust document)

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**Other ELIGIBILITY requirements:**

- *Must meet annual household gross income guidelines.*
- *Must be current on all property taxes.*
- *Homeowners insurance must be in force—roof replacement*
- *Cannot be a mobile home.*

\*\*Program Eligibility must be completed for the upcoming year in which services will be provided.

\*\*Eligibility cannot be established until all requirements for the Applicant, Property and the Need for Service has been verified and documented.

**\*\*\*\* Applications will not begin processing until ALL documents required are provided. \*\*\*\***

**IN ORDER FOR US TO SERVE YOU IN A TIMELY MANNER PLEASE PROVIDE FAX NUMBERS, THIS MAY SPEED UP THE PROCESS OF YOUR APPLICATION.**

**We will communicate via email whenever possible. This will assist in the processing of your application in a timely manner.**

## **SOURCES OF MONTHLY INCOME TO BE COUNTED AND DOCUMENTED**

- ✓ **Wages, salaries, overtime pay, fees, tips, commissions, bonuses, and other compensation for personal services (before any payroll deductions)**
- ✓ **Interest, dividends and other net income of any kind from real or personal property**
- ✓ **Unemployment, worker's compensation, severance pay**
- ✓ **Welfare assistance**
- ✓ **Alimony, child support payments**
- ✓ **Social Security**
- ✓ **Annuities**
- ✓ **Retirement Funds**
- ✓ **Pensions**
- ✓ **Insurance Policies**
- ✓ **Disability or Death Benefits**
- ✓ **Net income from operating a business**

### **MONTHLY INCOME NOT COUNTED**

- ✓ **Food stamps**
- ✓ **Income from employment of children under 18 years of age**
- ✓ **Earnings in excess of \$480 for each full-time students 18 years or older**
- ✓ **Payments for foster care**
- ✓ **Lump sum payments such as inheritances, insurance payments**
- ✓ **Payments as reimbursements for medical costs**
- ✓ **Full amount of student financial assistance paid directly to student or institution**
- ✓ **Refunds or rebates under state or local law for property taxes**
- ✓ **Amounts paid by state agency to family with member who has a developmental disability and is living at home**