Community Action – Asset Development Application

Program: Asset Development (For Staff Use ONLY!)	First Name	Middle Name	Last Name	Social Security #
Phone Number: Date:				

For the purpose of complying with Neb. Rev. Stat. 4-108 through 4-114, I attest as follows:
☐ I am a citizen of the United States OR ☐ I am a qualified alien under federal Immigration and Nationality Act, my immigration status and alien number are as follows:____, and I agree to provide a copy of my USCIS documentation upon request.
I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

Print Name:____

Signature:____ Date:__________

Household Information: **Number Adults:____________** **Number Children:___________**

Household type *(Check one)*: ☐ Couple with No Children ☐ Grandparent(s) & Child ☐ Single Female Parent
☐ Two Parent Family ☐ Single Male Parent ☐ Foster Parent
☐ Single Person ☐ Couple (Parent & Friend) with Child(ren) ☐ Other

***Family Form: Please fill out all sections of this form.**

Date of Birth: (mm/dd/yyyy): ________/______/_________ **Gender**: ☐ Male ☐ Female
Month Day Year

Ethnicity: ☐ Hispanic/Latino ☐ Other (Non-Hispanic/Latino) ☐ Refused
Race:
☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander
☐ White ☐ Refused ☐ Multi-Racial(please list)_______________________________________
Marital Status: ☐Single ☐Married ☐Divorced ☐Widowed

***Education: For primary adult**

Highest Level of Education Attained:
☐ K-8th Grade ☐ Some High School ☐ GED ☐No School completed
☐ High School Diploma ☐ Some College ☐ College Degree ☐ Other:_______________
☐ Some Technical School ☐ Technical School Certification ☐ Graduate Degree ☐ 9th Grade
☐ 10th Grade ☐ 11th Grade ☐ 12th Grade, no diploma

***Medical Insurance Status:**
☐None (Self Pay) ☐Medicaid ☐ Medicare ☐VA Benefits ☐General Assistance
☐Medicare & Medicaid ☐Private Insurance ☐Private & Medicaid ☐ Native American Health
☐Medicaid Share of Cost

Are you a U.S. military veteran who served in active duty? ☐ Yes ☐ No ☐ Don't Know ☐ Refused
Do you have a disabling condition? ☐ Yes ☐ No ☐ Don't Know ☐ Refused
If yes what is Disability?____, Of long duration? ☐ Yes ☐ No
If yes to disability condition, are you currently receiving services or treatment for this condition? ☐ Yes ☐ No
Domestic Violence Victim/Survivor? ☐ Yes ☐ No *Do you Receive Food Stamps? ☐ Yes ☐ No

***Income/Household Budgeting:** Income received from any source in the last 30 days? ☐ Yes ☐ No

Give amounts for all CASH items you are receiving for all members of your household.

$_________A Veteran's Disability Payment
$_________AABD
$_________Alimony or Spousal Support
$_________Child Support
$_________Contributions from Other People
$_________Earned Income/**Earned from Job**
$_________**No Financial Resources**
$_________Other

$_________Pension from former Job
$_________Pension/Retirement
$_________Private Disability Insurance
$_________Railroad Retirement
$_________Rental Income
$_________Retirement Disability
$_________Retirement income from Social Security
$_________Self Employment Wage

Total Monthly Income:____________

$_________SSA
$_________SSDI
$_________SSI
$_________Stipend
$_________TANF
$_________Unemployment
$_________Veteran's Pension
$_________Worker's Compensation

Non-Cash Benefits: (check all that apply) List amounts when possible!

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$_________Food Stamps $_________Section 8, Public Housing or Rental Assistance $_________Temporary Rent Assistance ☐LIHEAP/Energy Assistance	☐SCHIP/Kids Connection ☐OTHER TANF Funded Services ☐Veteran's Medical Services ☐TANF Child Care	☐TANF Transportation ☐WIC ☐Medicaid ☐Medicare

Court ordered Child Support Eligible? ☐ Yes ☐ No **If yes, Receiving?** ☐ Yes ☐ No
Are you pregnant? ☐ Yes ☐ No If yes Due Date?____________
Are you Homeless? ☐ Yes ☐ No
Housing Status?☐ Literally Homeless ☐ Imminently losing housing ☐ Unstably Housed ☐ Stably Housed ☐ Don't Know

If Homeless, why?____
Where did you Stay Last Night? (select one)
☐ Emergency Shelter (including Hotel or motel paid w/emergency shelter voucher)
☐ Permanent housing for formerly homeless persons(such as SHP, S+C, or SRO)
☐ Transitional housing for homeless
☐ Owned by client
☐ Hospital
☐ Hotel/motel (w/o emergency shelter)
☐ Jail/Prison/Juvenile Detention Facility
☐ Living with Family
☐ Living with Friends
☐ Rental w/ other non-VASH Subsidy
☐Foster care home or group home
☐ Rental by client with VASH Subsidy
☐ Place not meant for habitation
☐ Psychiatric hospital or facility
☐ Rental house/apartment
☐ Rental w/Out VASH Subsidy
☐ Safe Haven
☐ Substance Abuse Treatment Ctr/Detox Ctr
☐ Other
☐ Don't Know
☐ Refused

Length of Stay (How long have you been staying in this Type of Living Situation?):
☐ One week or less (less than 7 days)
☐ More than one week, but less than one month (8 to 30 days)
☐ One to three months (30 to 90 days)
☐ More than three months, but less than one year (90 days but less than 12 months)
☐ One year or longer (more than 12 months)
☐ Don't Know
☐ Refused

Zip Code of Last Permanent Address:_____________

Current Address: Where you are currently living or staying.

Address:	City	State	Zip Code

Primary reason for seeking assistance:____
***Monthly Housing Cost(Rent):**____________________
***Monthly Utility Cost(Gas, Electric, Water):**___________________
***Monthly Food Cost:**____________________
Primary Means of Transportation: ☐ Bicycle ☐ Bus ☐ Car ☐ Friend/family ☐ Taxi ☐ Walk ☐ Other (specify): ___________
Referred to Services by: ☐ Community-based agency ☐ Faith-based agency ☐ State Agency ☐ Newspaper ☐ TV ☐Friends/Family ☐ Walk-in ☐ Radio ☐ Other (specify): ___________

Have you been discharged from one of the following facilities within the last three months? ☐Yes ☐ No

If yes, check all that apply: ☐ Regional Center ☐ Prison ☐ Jail ☐ Youth Detention Center ☐ Hospital

Employment: Currently Employed? ☐Yes ☐ No **Start Date**: ___________
How many hours per week do you work? ______ Are you Fulltime____ or Part-time___ Other (Specify) __________
What is your Hourly wage rate/rate of pay: $_________per hour
Benefits offered through employer? ☐Yes ☐ No If yes, are you currently receiving them? ☐Yes ☐ No
What level of benefits are offered through your employer? ☐Full Benefits ☐Partial Benefits** ☐No Benefits
****Full benefits mean the following are offered: health, vision, dental, 401K/retirement, sick leave, and vacation leave(or PTO)***
*****Partial benefits must include some health benefits.***
If you are not employed, are you looking for work? ☐Yes ☐ No

Please complete this section for other adult member in your household. **Relationship to Primary Adult(choose one):**
☐Father ☐Grandmother ☐Mother ☐Step-Daughter ☐Other Relative

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☐Granddaughter ☐Grandson ☐Significant Other ☐Step-Son ☐Other non relative
☐Daughter ☐Grandfather ☐Husband ☐Son ☐Wife

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If yes to disability condition, are you currently receiving services or treatment for this condition? ☐ Yes ☐ No
Domestic Violence Victim/Survivor? ☐ Yes ☐ No *Do you Receive Food Stamps? ☐ Yes ☐ No

Court ordered Child Support Eligible? ☐ Yes ☐ No **If yes, Receiving?** ☐ Yes ☐ No
Are you pregnant? ☐ Yes ☐ No If yes Due Date?_____________

Have you been discharged from one of the following facilities within the last three months? ☐Yes ☐ No
If yes, check all that apply: ☐ Regional Center ☐ Prison ☐ Jail ☐ Youth Detention Center ☐ Hospital

Employment: **Currently Employed?** ☐Yes ☐ No **Start Date**: ____________

How many hours per week do you work? _______ Are you Fulltime____ or Part-time___ Other (Specify) ___________
What is your Hourly wage rate/rate of pay: $__________per hour
Benefits offered through employer? ☐Yes ☐ No If yes, are you currently receiving them? ☐Yes ☐ No
What level of benefits are offered through your employer? ☐Full Benefits ☐Partial Benefits** ☐No Benefits
****Full benefits mean the following are offered: health, vision, dental, 401K/retirement, sick leave, and vacation leave(or PTO)***
*****Partial benefits must include some health benefits.***
If you are not employed, are you looking for work? ☐Yes ☐ No

Please tell us what things you would like to work on. Check ALL that apply.	
☐ **Complete a budget**	☐ **Increase savings in IDA or other savings account**

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☐**Maintain a budget for 90 days** ☐**Open an Individual Development Account (IDA)**	☐**Purchase a home using IDA** ☐**Pursue post secondary education using IDA** ☐**Capitalize small business using IDA**

NMIS Release of Information

I hereby certify that to the best of my knowledge the information contained herein is true, correct and complete and that all the attachments provided by me, verifying my income, are valid. I understand that this information is utilized to determine eligibility for services for which I am applying. All the information contained on this document is used only for the purpose in accordance with the Privacy Act of 1974. The Social Security Number is used to identify and retrieve service records. This agency does not discriminate on the basis of sex, age, religion, race or national origin.

I understand that my signature authorizes the following:

1. **To determine eligibility for services.**
2. **Release of information to services for which I am eligible**
3. **Allow information to be entered into the Nebraska Management Information System (NMIS) a statewide database to be shared with other social service agencies in the state.**

I understand that I do not have to participate in the NMIS. I understand that I may revoke this authorization at any time, by doing so in writing to the NMIS user agency named above. A revocation of this authorization will be effective except to the extent the entity disclosing the information has taken action relying on this authorization. This authorization will expire **3 Years** from the date I sign it. I understand that revocation or expiration of this authorization will not affect information that has already been entered into the NMIS database in reliance on this authorization.

Applicant Signature: ____ **Date:** ______________________________