

## SHELTER / UTILITY APPLICATION

UP TO \$500 FOR SHELTER EXPENSES / UP TO \$500 FOR UTILITY EXPENSES WITHIN A 12-MONTH PERIOD

Van Wert County Department of Job and Family Services

114 East Main Street P.O. Box 595 Van Wert, Ohio 45891 (419) 238-5430

READ ALL INSTRUCTIONS CAREFULLY - INCOMPLETE APPLICATIONS WILL BE DENIED

NAME:

ADDRESS:

CITY, STATE, ZIP:

TELEPHONE:

ALTERNATE TELEPHONE:

1.  YES  NO Are you the parent, legal guardian or legal custodian of a minor child?

2.  YES  NO Is anyone in your home pregnant?

Name: \_\_\_\_\_ Due Date: \_\_\_\_\_

3.  YES  NO Do you want to register to vote or update your current voter registration?

(If you do not check either box, you will be considered to have decided not to register to vote at this time.)

4. Please provide all gross income for the past 30 days.

Landlord or Mortgage Company	Name	
	Address	
	Phone	

**INCLUDE:** A copy of Rental/Lease Agreement; signed, written statement from landlord; mortgage payment coupon; or the statement that gets mailed with your payment. Maximum payment of \$500 for each program in a 12-month period. The utility bill must be in the name of the applicant. Interview not required.

Apply: In person (8:00 AM - 4:30 PM, Monday - Friday), by mail, or faxing application to (419-238-6045).

Allow 3 weeks after application is approved for the check to be mailed to the vendor.

UTILITY DUE	COMPANY TO RECEIVE PAYMENT
Utility source for the household.	ACCOUNT #
\$ _____ Electric	COMPANY
\$ _____ Natural Gas	ADDRESS
\$ _____ Propane/Fuel Oil	ADDRESS
\$ _____ Water	CITY, STATE, ZIP
	TELEPHONE

**CERTIFICATION:** All of the information on this application is true and complete to the best of my knowledge. I understand that if I purposely give false or misleading information on this application the entire amount issued is an overpayment, and I may be prosecuted for fraud.

APPLICANT SIGNATURE	DATE
---------------------	------

\*\*\*\*\* THE SECTION BELOW WILL BE COMPLETED BY THE CDJFS \*\*\*\*\*

\_\_\_\_\_ No PRC or OWF fraud or overpayment  
 \_\_\_\_\_ Income eligibility determined up to 200%  
 30-day income \$ \_\_\_\_\_ AG size \_\_\_\_\_

Caseworker	Date
Reviewer	Date

\_\_\_\_\_ Denied - Reason: \_\_\_\_\_

