

Homelessness Prevention - Conference Intake Application Form

(to be completed by Conference member)

A) Neighbor Information

Name:		DOB		Today's Date	
Address:				Gender (Male/Female):	
City:		AZ	ZIP Code:		Email
Household:	How Many Adults?		How Many Children?		Phone #

Life Event Generating the Crisis (Mark "X" to all that Apply to this Crisis)

Household Change			Income Change						Unexpected Expense			
Birth/New Custody	Divorce/Separation	Household Death	Job Loss	Job Hours Reduced	Work Related Injury	Bridge between jobs	Health Issue	SSI/SSDI Change	Medical Bills	Rent Increase	Car Repair	Other

Description of Crisis and Neighbor Visit Notes

B) Rent/Utility Assistance Request Details

Requesting Wildfire assistance for:	APS	SWG	SRP
WF Amount Requested:			
Requesting HP Assistance for:	Rent	Mortgage	Other/
Neighbor HP Amount Requested:			
Monthly Rent or Mortgage (if applicable)	Total Amt. Currently Due (rent/mortgage + HP utilities) (A)	Amt. Neighbor Can Pay (B)	Conf. H P Amount Requested (D) (A-B-C) = D

C) Conference Information

Conference Name:	Conference Contact Name:	Conference Contact Phone:	Email to use for Communication:

Please send **one email**, with this form, and all required documents (see **HP Conference Checklist**) to:

HP@svdpaz.org

A decision will be made after all documentation is received and reviewed. Notification of approval/disapproval will be sent to the Conference email address listed above.

***** PLEASE DO NOT PAY FOR THE REQUESTED ASSISTANCE UNTIL YOU RECEIVE APPROVAL OF YOUR APPLICATION *****