



# BOYNTON BEACH FAITH BASED CDC, INC.

## Application for Services

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

In-take Counselor's Initials: \_\_\_\_\_

**How can we help you?** *Please provide a brief description of your situation and the services you are requesting.*

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relationship to you \_\_\_\_\_

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

Employment: Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Occupation: \_\_\_\_\_ Income: \$ \_\_\_\_\_ per hour, \_\_\_ hours per week

**Unemployment:** *What was your position, for how long, rate of pay and reason for leaving your last job:*

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Have you applied for Unemployment? \_\_\_ YES \_\_\_ NO Are you collecting benefits? \_\_\_ YES \_\_\_ NO

\$\_\_\_\_\_ weekly amount you are receiving.

*Please check one or more of the appropriate boxes to indicate your response for statistical purposes only.*

**Race:**

- African American or Black
- White American
- Indian or Alaskan
- Native Hawaiian/Pacific Islander
- Other, \_\_\_\_\_

**Ethnicity:**

- Hispanic Origin
- Non-Hispanic Origin

**Gender:**

- Male
- Female
- Other \_\_\_\_\_

Citizenship: U.S. Citizen \_\_\_ Yes \_\_\_ No If no, Birthplace \_\_\_\_\_

Green Card # \_\_\_\_\_ Received on \_\_\_/\_\_\_/\_\_\_ Expires on \_\_\_/\_\_\_/\_\_\_

Veteran? \_\_\_ Yes \_\_\_ No



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**Marital Status:**

- Married
- Single
- Divorced
- Separated
- Widowed

**Education: Highest level completed:**

- 6<sup>th</sup> grade or less,
- 7<sup>th</sup> – 9<sup>th</sup> grade
- 10<sup>th</sup> – 11<sup>th</sup> grade
- 12<sup>th</sup> grade diploma/GED/no diploma
- College graduate/some college
- Post-graduate study

**MONTHLY INCOME:** \$ \_\_\_\_\_

**Income Type:** \_\_\_ Unemployment \_\_\_ Employment \_\_\_ Disability/Physically \_\_\_ Disability/Mentally

**Benefits Rec'd:** SSI/SSD \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_  
 Alimony \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_ DCF Cash \$ \_\_\_\_\_ WIC \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**Health Insurance:** \_\_\_ Medicaid \_\_\_ Medicare \_\_\_ None Other \_\_\_\_\_

**Household consists of how many members?**

**Please list Household Family Members:**

Name	Relationship	DOB	Gender	School Attending	Working Income

**FOR RENTAL ASSISTANCE APPLICATIONS:**

**Previous Rental Assistance Funding:** Please indicate if you have every received, applied for, or have pending any funding from any other sources including PBC – ERA – Funds: \_\_\_\_\_ NO, or \_\_\_\_\_ YES, if so please provide the agency, contact person, & indicate the months and amounts and your USER ID and Password for verification:

**Months:** \_\_\_\_\_ **Total Amount Received or Pending \$** \_\_\_\_\_  
**USER ID:** \_\_\_\_\_ **Password:** \_\_\_\_\_

I, \_\_\_\_\_ understand that I am applying for CDBG-CV Emergency Rental Assistance,

\*  I hereby certify that I participated in completion of the above Application for Services.



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- \*  I understand this program provides assistance based on the priority set by the department and/or the funding entity and assistance is based on available funding.
- \*  I understand that this application will be denied if I do not submit all required documentation.
- \*  I certify I have not received benefits for the same services and same time periods from any other funding sources or other entities.
- \*  I further certify that I have read the above information and, to the best of my knowledge and belief, the information is accurate and has been properly recorded. Additionally, I understand that I am responsible for the accuracy of the information provided and that said information will be used as a basis for determining my eligibility for services. I also understand that any falsification or misrepresentation of this information is just cause for denial of services and prosecution for fraud.
- \*  I attest that the answers on this form are true and reflect my current finances and household information. I understand that a material misstatement fraudulently or negligently made in this form or any other statement made by me (us) in connection with an application may constitute a federal violation punishable by a fine and/or denial of my (our) application for assistance, and/or penalties including disqualification from future City of Boynton Beach – CDBG-CV assistance benefits, or, if funds have been released prior to discovery of the false statement, immediate recalling of the assistance, which may be in addition to any criminal penalty imposed by law. I authorize the Boynton Beach Faith Based CDC, Inc. on behalf of the City of Boynton Beach to obtain records of information pertaining to my financial or employment status from any source in order to verify the information provided by me.
- \*  I will return any funds made to me by the Boynton Beach Faith Based CDC, Inc. on behalf of the City of Boynton Beach as a result of misstatement on application, or for any change in circumstances that impacts my eligibility for services.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Staff Signature: Intake or Case Manager

**INFORMED CONSENT:** *By signing this application, I attest that all the information provided is correct. I agree participate in programs, activities and/or services provided by BBFBCDC. I agree to provide any additional information requested by BBFBCDC to determine program eligibility and determination of benefits from applications. I provide permission to release information to any other organization or agency as necessary or required to further my application for assistance. Otherwise, I understand and agree that all information, conversations, records, test results and any other materials related to my participation is confidential and will not be released to any other organization or individual without my permission, EXCEPT if it contains evidence of current or potential child abuse or neglect, harm to others, or me, and/or required as evidence in a court case.*



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\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Staff Signature: Intake or Case Manager

**ADDITIONAL NOTES:**
