

Society of Samaritans

Client Application

Full Name: (as it appears on ID card)

First Name/primer nombre

Middle Name / Segundo nombre

Last Name/Apelido nombre

Application Date/Fecha: _____

Have you been to SOS before? /A estado usted aqui antes? Yes/Si No

Date of Birth /Fecha de Nacimiento

Social Security No. / Num de seguro social

Are You The Head of Household? Yes/Si No

Is Your Household Headed By a Female? Yes/Si No

Referred by: _____

Primary Language: English Espanol

Primary Phone: _____

Email Address: _____

Home Address: Street: _____ Apt/Unit #: _____

City/Cindad State County / Condado Zip /Codigo Posal

Employment Status:

If unemployed, is this due to lack of transportation? Yes No

Marital Status: (check only one)

Gender: (Check only one)

Are you a Veteran?

Yes No

Are you Hispanic? (Check one)

What Race Are You? (Check only one)

Are you Homeless? Yes No

If Homeless, are you living with Family or Friends? Yes No

Are you Disabled? Yes No

Are you Wheel Chair Bound? Yes No

Church Preference: _____

I confirm that the above information is accurate and true.

Signed: _____ Date: _____

HOUSEHOLD INCOME SECTION: (Gross Monthly Amounts)

This section is income for the entire household. For every member of the household that has income:

Household Member Name		Employer/ Income Source Name	Monthly Income Amt:	Social Security	Supplemental Social Security (SSI)	Disability Social Security (SDI)
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
Family Aid	Veteran's Pension	Other Pension	Child Support Income		Unemployment	
\$	\$	\$	\$		\$	
Other Income Source:			Amount:	\$	Total Monthly Income:	\$
					Total Annual Income	\$

HOUSEHOLD EXPENSE SECTION: (Monthly Amounts)

This section is expenses for the entire household.

Rent/Mortgage: _____ Electricity: _____ Water/Trash: _____ Gas/Propane: _____
 Car Payments: _____ Gasoline: _____ Telephone & Cell: _____ Internet: _____
 Cable/Satellite: _____ Life Insurance: _____ HouRental Insurance: _____ Car Insurance: _____
 Medical Insurance: _____ Food: _____ Furniture/Appliance Payments: _____
 Credit Card Payments: _____ Medical: _____ Daycare/Baby Sitter: _____ Washateria: _____
 Child Support: _____ Loan: _____
 Other Description: _____ Other Amount: _____

Authorization for Release of Information

Client's Name: _____

Property Address: _____


This information is being collected in order to determine eligibility for the CDBG Program. This information will be used to establish the level of benefit for which the applicant is eligible and to verify the accuracy of the information furnished. Failure to provide any information may result in delay or rejection of eligibility and approval.

Each adult member of the household (age 18 and over) must sign this Release of Information.

The undersigned hereby authorize **THE SOCIETY OF SAMARITANS** to obtain information about each member of my household age 18 and older from a third party regarding eligibility and continued participation in the CDBG Program.

I/We understand that current or previous information regarding me/us may be requested. Verification and inquiries that may be requested include, but are not limited to: personal identity, employment, income, assets, student status, medical or child care allowances and utility information. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for the CDBG program.

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
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| <ul style="list-style-type: none"> ● Income from all sources (Employer, SSI, TWC, etc.) ● State Welfare Agencies (CPS, SS, SNAP, etc.) ● Non-Profit Agencies and their reporting systems which may include HMIS, etc. ● Banks and Financial Institutions including Mortgage companies, Lenders, etc. | <ul style="list-style-type: none"> ● Housing Providers (Apts, Landlords, Property Mgr, etc.) ● Utility Companies (electric, water and gas) ● MCCD |  |
|--|--|--|

I/We agree that a photocopy of this Authorization may be used for the purposes of obtaining the information listed above. The original of this form is on file and will stay in effect for one year from the date signed.

All adult members of the household will sign this form and cooperate in the eligibility verification process.

Signature-Head of Household	Printed Name	Date
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Signature	Printed Name	Date
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Signature	Printed Name	Date
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Signature	Printed Name	Date
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“Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Signers above acknowledge and agree that this document may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Without limitation, “electronic signature” shall include faxed versions of an original signature or electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

Updated: June 22, 2020