



MCCA Income Support Crisis Electronic Form

Date Completed: _____

MID CENTRAL COMMUNITY ACTION

Intake Staff Rcvd: _____

Staff Initials _____

Primary Interest at Intake – please rank your interest in these services from 1 (most important) to 4 (least important):

- ____ Rent or Mortgage Arrears
- ____ First Month’s Rent
- ____ Car Repairs or Transportation to Work
- ____ Emergency Crisis Special Request _____

Client (Head of Household)

First Name: _____ **Middle:** _____ **Last Name:** _____

Street: _____ **Apt or Unit** _____

City: _____ **State:** _____

Zip: _____ **Email:** _____

Phone #s **Cell:** _____ - _____ - _____ **Home:** _____ - _____ - _____

Date of Birth: ____/____/____ **SSN:** _____ - _____ - _____ **Number in Household:** _____

Race/Ethnicity (Select all that apply): African American/Black Asian Caucasian/White

Hispanic, Latino, or Chicano Native American/Native Alaskan Native Hawaiian/Pacific Islander

Other: _____

Primary Language: _____

Veteran: Yes No

Gender: Male Female Transgender

Active Military: Yes No

Other

Criminal Convictions

U.S. Citizen: Yes No

None Misdemeanor Felony

Foreign-born: Yes No

Disabled: Yes No

Marital Status: Single (never married) Domestic Partner Common Law

Married, living together Married, living separately Separated

Divorced Widowed Other

Are you currently in school/training? Yes No

**** Please continue to next page. ****

Education (Select highest achieved):

- Grades 0-8th grade Grades 9-12
- High School Diploma High School Equivalency (GED, HiSet, TASC)
- Some College Vocational 2-year College
- 4-year College Master's degree Doctoral Degree
- Other: _____

For past 3 months, how many full months have you worked? _____

Your Gross Household Income for the past 3 months: \$ _____

Total Net Income for Past 30 days? \$ _____

Are you currently employed? No Employed part-time Employed full-time

Laid off due to Crisis Event

Virus **Fire** **Flood** **Natural Disaster**

Are you experiencing **Domestic Violence**

Recent Employer: _____

Job Title: _____

Health Insurance Status (primary insurance only):

- Insured through a government program (e.g. **Medicaid, Medicare, SCHIP**)
- Private insurance through an **Employer**
- Private insurance paid by individual (self)
- No insurance at all

Household Type (Select one):

- Single Adult Married (no children)
- Single female with child/children Married with child/children
- Single male with child/children 2+ unrelated adults

Do you rent or own your home?

Rent (unsubsidized) Own

Rent (subsidized) Other

Dwelling Type:

Apartment

House

Mobile Home

Shelter

Hotel/motel

None

Other: _____

Current Monthly Rent / Mortgage Payment

\$ _____

Are you currently behind? Yes No

All Members in the Household

First Name	Last Name	Middle Initial	Date of Birth	Adult (A) or Minor (M)	Veteran	Relationship to Client	Gender
							F M T O
							F M T O
							F M T O
							F M T O
							F M T O
							F M T O
							F M T O
							F M T O

List Sources of Current Household Income and Amounts

Child support \$ _____

Unemployment Income \$ _____

TANF Cash from State for people with children \$ _____

Workers compensation \$ _____

Pension Payments \$ _____

Social Security Benefit \$ _____

Disabilities check from State (DHS) \$ _____

VA Benefits \$ _____

Social Security Retirement (SSA) \$ _____

Social Security Disability \$ _____

Total Household Employment (net income) \$ _____

Self -Employment \$ _____

Confidentiality Notice: All personally identifying information is kept confidential and will not be shared with any other individuals or agencies without your prior written consent. MCCA is required to share compiled demographic information and does not include personally-identifying information, and will not personally identify any individuals or families.

By signing below, I acknowledge that the information I have provided is accurate to the best of my knowledge. I authorize MCCA to use my information for research and funding opportunities, with the understanding that the information will in no way identify me or any of my family members personally, as described above in the Confidentiality Notice. I also acknowledge that I have received information and/or resources regarding fair housing.

Signature of Applicant: _____

Date: _____