



**Rio Concho Manor
Request for
Subsidy/Financial Assistance**

Name: _____ Apartment. # _____

Current Mailing Address (if different from current apartment): _____

Home Phone #: () _____ Mobile Phone # () _____

STATEMENT OF FINANCIAL NEED (Please provide a statement explaining why you need financial assistance, include any facts or circumstances relevant to financial need that may not be included in or obvious from data supplied in this form:

HOUSEHOLD COMPOSITION: Starting on the first line for the Head of Household please supply the information for all adults that live in the unit. Use the codes below for Box reporting the relationship to the head of household.

H=Head of Household A=Other Adult K=Co-Head (not married) L=Live-in Aide S=Spouse (married)

Head of Household Name (as is on SS Card)	Relation H	Date of Birth	Sex	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Mixed			Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		Social Security #
Other Household Member Name (as is on SS Card)	Relation	Date of Birth	Sex	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Mixed			Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		Social Security or Alien Registration #

HOUSEHOLD CHARACTERISTICS

Does anyone plan to live with you in the future who is not listed above? Yes No

Explain if you answered yes: _____

Have you ever participated in the Section 8 Voucher Program? Yes No

If yes, where and when? _____

Have you ever lived in Public Housing? Yes No

If yes, where and when? _____

Have you ever been evicted from Public Housing, Indian Housing, a Section 23 or Section 8 Program? Yes No

If yes, where and when? _____

ASSET INFORMATION:

Please list all checking, savings and other bank accounts, stocks, bonds, CDs, trusts, real estate and cash held by any family member living in the household.

Name of Asset Holder	Account Type	Account #	Current Balance	Name Address & Phone # of Bank/Credit Union, etc.

Does any member of your household receive income from assets, including interest on checking or savings accounts, interest, and dividends from certificates of deposit, stocks or bonds, or income from rental property? Yes No

Does any member of your household own real estate or any assets for which you receive no income? Yes No

Has any member of your household sold or given away real property or other assets, including cash, valued at more than \$2,000 in the past two years? Yes No

INCOME INFORMATION:

Please list ALL gross income (before taxes) for each family member that lives in the household. Include TANF, Social Security, SSI, Pension, Retirement, Annuity, Military/Veteran's benefits, unemployment, alimony, SNAP/Food Stamps, or financial assistance from others.

Name of Family Member Receiving the Income	Type of Income	Gross Payment	Frequency	Name Address & Telephone of Source

MEDICAL EXPENSES:

List all unreimbursed medical, dental, or optical expenses paid for by you (not paid by your insurance). Include expenses for medical bills you pay regularly, pharmacy bills, cost for personal care giver/home health, etc.

Name of Family Member Claiming Expense	Type of Expense	Payment Amount	Frequency	Name Address & Telephone of Provider

INSURANCE EXPENSEs:

List all insurance expenses paid by you. Include Medicare premiums, other health insurance premiums, life insurance, burial, long term care, etc.

Name of Family Member Claiming Expense	Type of Expense	Payment Amount	Frequency	Name Address & Telephone of Provider

SUPPORTING DOCUMENTATION:

Please provide (as applicable) the following documentation of income & expenses in support of your request for financial assistance:

- Social Security Cards/Birth Certificates/Photo ID for all household members
- Social Security/SSI Benefits Verification – Benefits letter from SSA; www.socialsecurity.gov/myaccount or call 1-800-772-1213 and request a current award letter from SSA showing gross amount awarded and all deductions and reasons for deductions.
- Employment Verification – three (3) current and consecutive check stubs OR a letter from the employer identifying their name and contact information, employee name, rate of pay, and average hours scheduled to work each week OR a pay history print out identifying the employer the employee and the gross income for the last three months.
- Unemployment – original award letter for unemployment and a pay history or exhaust letter.
- Pension/Annuity Income verification – Current award letter or most recent three (3) check stubs or vouchers showing direct deposit into your account
- Veteran’s benefits – current award letter
- Alimony payments – include a copy of the final divorce decree, legal separation agreement, court order or voluntary payment agreement
- TANF & Food Stamps/Snap – Current award letter or print out
- Past 2 months of bank account statements
- Past 2 months investment account statements (stocks, bonds, annuities, 401K, IRA, other)
- Statement regarding availability of family financial assistance – a signed statement from the person contributing including the amount/value of assistance they provide and the name, address, and phone number of the contributor.
- Medicare premium statement
- Other Insurance premium statements (life, auto, long term care, burial, etc.)
- Medical Deductions – a print out of the most recent 12-month pay history for each provider. These may include pharmacies, medical bills you pay on regularly.
- Other _____

*****VERIFICATIONS PROVIDED MUST NOT BE MORE THAN 60 DAYS OLD*****

Documents can be delivered in person to the Occupancy Specialist, emailed to rcmanor@rioconcho.com or faxed to 325-655-4735.

I certify that the information I have provided in this form is accurate and complete. I authorize Rio Concho Manor to use my information to determine eligibility for financial assistance. Submission of this form does not constitute approval. Requests for assistance may require additional approval from providers both within and outside of Rio Concho including the US Department of Housing & Urban Development, the San Angelo Housing Association, or the Rio Concho Board of Trustees. The guidelines and allowances for financial assistance may change without notice. Approved subsidy applications must be recertified annually or if there is a change to the household's income or expenses.

Resident Printed Name

Resident Signature

Date

Received By (Rio Concho Staff)

Date