



Financial Assistance Assessment

Date of Assessment: _____ Household size: _____

First Name: _____ Last Name: _____

Gender: ☐ Female ☐ Male ☐ Transgender ☐ Other _____

Date of Birth: _____ Age: _____ Marital Status: _____

Phone #: _____ Email: _____

Current Location: _____ City: _____

Permanent address: _____ City: _____

Race/Ethnicity:

American Indian/Alaska Native: _____ American Indian or Alaska Native and Black/African American _____

Asian _____ American Indian or Alaska Native and White _____

Asian and White _____ Black or African American _____

White _____ Black or African American and White _____

Other Race Combinations _____ Native Hawaiian or Pacific Islander _____

Do you Identify as Hispanic and/or Latino _____

or Non-Hispanic or Latino _____

Background:

Are you currently safe in your situation? ☐ Yes ☐ No

Have you experienced sexual violence? ☐ Yes ☐ No

Have you experienced domestic violence? (can be physical, verbal, emotional, financial) ☐ Yes ☐ No

If yes, what is your abuser's name and you're your relationship to the person _____

When was the last incident of abuse _____

Do you want to receive counseling support for your situation? ☐ Yes ☐ No

Children:

First Name: _____ Last Name: _____ Age: _____

Gender: _____ Race: _____ Date of Birth: _____

First Name: _____ Last Name: _____ Age: _____

Gender: _____ Race: _____ Date of Birth _____

First Name: _____ Last Name: _____ Age: _____

Gender: _____ Race: _____ Date of Birth _____

First Name: _____ Last Name: _____ Age: _____

Gender: _____ Race: _____ Date of Birth _____

First Name: _____ Last Name: _____ Age: _____

Gender: _____ Race: _____ Date of Birth _____

Employment/Income:

Are you currently employed? ☐ Yes ☐ No

Name of employer: _____ Position: _____

Please confirm your source(s) of income. Please check all that apply to you.

☐ Employment ☐ Child Support ☐ SSI/SDI

☐ Unemployment ☐ Cal Works ☐ Another Source: _____

What is your total monthly income *from any source* not including Food Stamps? _____

If you are receiving Food Stamps or CalFresh, how much do you receive monthly _____

Housing:

What brought you into your housing crisis?

☐ Have past due rent or are currently unable to pay rent

☐ Unable to pay utility bills

☐ Evicted or in the process of being evicted from your own housing

☐ other: _____

How much rent do you pay monthly? \$ _____

If you are on the lease, are you on the lease alone? ☐ Yes ☐ No

If you answered No, please specify who else is on the lease.

First Name: _____ Last Name: _____

Age: _____ Date of Birth: _____ Relation to you: _____

Do you have a permanent mental/physical disability that has contributed to preventing you from obtaining or maintaining housing? ☐ Yes ☐ No

Have you had any past evictions? ☐ Yes ☐ No

Have you recently been asked to leave your rental apartment or did the landlord use legal papers to ask you to leave? ☐ Yes ☐ No

If you answered yes, when did this occur? _____

Do you currently have past due utility bills that may be at risk of service being shut off if no payment is made soon? ☐ Yes ☐ No

If you have past due utility bills or rental payments, would you be able to stay in your current house if these were to be paid? ☐ Yes ☐ No

If yes, please provide information regarding the type of bill and total amount due:

Type of Bill:

Amount due \$ _____
Amount due \$ _____
Amount due \$ _____
Amount due: \$ _____
Total \$ _____

Right now, are you receiving help related to your housing needs from any other agency, church or person? ☐ Yes ☐ No

If yes, please describe who is helping you and what assistance you are receiving:

Are there currently any other challenges that are contributing as a financial hardship that may prevent you from obtaining or sustaining your own housing? ☐ Yes ☐ No

If yes, please explain:

Please submit completed forms to: housingadvocacy@trivalleyhaven.org. If you would prefer to hand-deliver the application, or have any questions about the application, please send us an email to schedule a phone appointment. If you do not have access to email, please call 925-449-5845 ex. 2200 and we will be happy to assist you at our earliest convenience.

Please include the following documentation (in PDF format) when you submit your application (not doing so could cause delays in processing your application):

- CA/State ID or Passport
- **Paystubs/proof of income** from any source (pay stubs, SSI/SSDI payments, CalWorks, loans, pensions, retirement, gifts from family or friends, savings accounts, etc.) for the last 3 months.
If you are not currently working, please submit last year's W2.
- If your request is housing related, please submit a copy of the **signed lease agreement**.
If you are not yet living in the home, please provide an **intent to rent letter**.
- If you owe **back rent**, please submit a rent ledger showing **at least the past 6 months of payments**.
- If you are requesting assistance with a **past-due bill**, please submit a copy of it (all pages).
- **Statement of need** explaining the challenges that led to your current housing situation and your plan for maintaining stable housing in the future.
- **Bank Statements for the last 3 months**. If you do not maintain a bank account, please provide account statements from your EBT card or from any institution or service where your funds are received or managed.

How were you referred to Tri-Valley Haven for housing advocacy?

_____ Case Manager from _____ organization

_____ Internet search

_____ 211

_____ Social Media or Radio program

_____ Other; please explain _____

Would you like more information about any other services Tri-Valley Haven provides? If so, please explain:

Please be sure to answer all questions listed in this application.

Thank you for your interest in Tri-Valley Haven's housing advocacy programs. Together we can build homes safe from abuse; one person, one family and one community at a time.