



LOAVES AND FISHES MINISTRY  
HOMELESS PREVENTION APPLICATION

Applicant's name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please List All Members of the Household with their Date of Birth and Relationship:

- 1. \_\_\_\_\_ DOB \_\_\_\_\_ Relationship: \_\_\_\_\_
- 2. \_\_\_\_\_ DOB \_\_\_\_\_ Relationship: \_\_\_\_\_
- 3. \_\_\_\_\_ DOB \_\_\_\_\_ Relationship: \_\_\_\_\_
- 4. \_\_\_\_\_ DOB \_\_\_\_\_ Relationship: \_\_\_\_\_
- 5. \_\_\_\_\_ DOB \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list income sources:

Source \_\_\_\_\_  
 Last 30 day income \_\_\_\_\_  
 When did you begin receiving this source?  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

Source \_\_\_\_\_  
 Last 30 day income \_\_\_\_\_  
 When did you begin receiving this source?  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

Source \_\_\_\_\_  
 Last 30 day income \_\_\_\_\_  
 When did you begin receiving this source?  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

Source \_\_\_\_\_  
 Last 30 day income \_\_\_\_\_  
 When did you begin receiving this source?  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

Please explain why you need rental assistance at this time:

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I attest that the information above is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date