

Name: _____

Date: _____

STREET ADDRESS: _____

Do you live in James City County? Yes / No If no, stop; please see the receptionist, do not complete this form.

This is not an application. It does not determine your eligibility for financial assistance. To apply, please see receptionist for an application. **if you do apply, the information you give must be verified and will be matched against computer records to determine if the information you listed is accurate.**

Name - List <u>all</u> persons beginning with yourself who are living in the home, <u>even</u> if you are not applying for each person.	Relationship to you (spouse, parent, child, etc.)	Age	Do you buy, cook, eat your meals together? Yes/No	Currently working? If yes, list employer. If no, write NO.	Date and amount of last pay check received.	
					Date	Amount

LIST MONTHLY HOUSEHOLD INCOME - for you and everyone in your home, enter the total amount on each line (1-12) below for every type of income listed; if none write \$0, do not leave blank.

	\$Amount
1. MONEY FROM WORK (Total monthly pay, before taxes; include all salary, wages, tips, commissions, etc.)	\$
2. SELF-EMPLOYMENT INCOME (money from a business, farm or hobby)	\$
3. SSA (Social Security Benefits)	\$
4. SSI (Supplemental Security Income)	\$
5. VETERANS BENEFITS	\$
6. CHILD SUPPORT or ALIMONY	\$
7. SHORT TERM DISABILITY BENEFIT	\$
8. RETIREMENT/PENSIONS	\$
9. MILITARY ALLOTMENT	\$
10. UNEMPLOYMENT INCOME	\$
11. WORKER'S COMPENSATION	\$
12. Any money received from any other source including side jobs and money received from family and friends.	\$
13. TOTAL MONTHLY HOUSEHOLD INCOME (Add lines 1-12 above)	\$

IMPORTANT! Compare your **Total Monthly Household Income** (Line 13, above) to the **Income Charts** on the right to see if you may be eligible for one of these programs, based on the number of people in your home. If your income is under the limit, **you may be eligible**.

INCOME CHARTS

(Monthly Household Income Limits)

FOOD STAMPS and ENERGY ASSISTANCE

People in your home	Income Limit
1	\$1,127
2	\$1,517
3	\$1,907
4	\$2,297
5	\$2,687
6	\$3,077
7	\$3,467
8	\$3,857

TANF: Temporary Assistance for Needy Families

People in your home	Income Limit
1	\$270
2	\$424
3	\$546
4	\$662
5	\$781
6	\$875
7	\$990
8	\$1,113

MEDICAID for children and pregnant women

People in your home	Income Limit
1	\$1,201
2	\$1,615
3	\$2,030
4	\$2,444
5	\$2,859
6	\$3,273
7	\$3,688
8	\$4,102

FAMIS for children without health insurance

People in your home	Income Limit
1	\$1,805
2	\$2,429
3	\$3,052
4	\$3,675
5	\$4,299
6	\$4,922
7	\$5,545
8	\$6,169

BE SURE TO TELL THE TRUTH! People who give false or misleading information or withhold information to receive benefits may be prosecuted. People who get benefits they are not entitled to will be required to pay them back.

LIST RESOURCES - for you and everyone in your home (each amount must be verified)

	\$ Amount
1. CASH on hand, not in an account	\$
2. CHECKING ACCOUNT (current balance)	\$
3. SAVINGS ACCOUNT (current balance)	\$
4. CHRISTMAS CLUB (current balance)	\$
5. OTHER: stocks, bonds, IRA, CD, trust fund (current amount available)	\$
TOTAL HOUSEHOLD RESOURCES:	\$

<p>Food Stamps Resource Limit: \$2,000</p> <p>\$3,000 limit if a member of your household is over 60 years old or receives disability benefits.</p> <p>If applying for Food Stamps, you may not be eligible if your resources are greater than the Resource Limits above.</p>
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MONTHLY EXPENSES	
Do you pay RENT?	Yes / No
If yes, how much RENT do you pay each month?	\$
Do you pay a MORTGAGE on your home?	Yes / No
If yes, how much is your monthly MORTGAGE payment?	\$
Do your MORTGAGE payments include PROPERTY TAX and HOMEOWNERS INSURANCE?	Yes / No
If not, how much is your monthly PROPERTY TAX payment on your home?	\$
What is your monthly HOMEOWNERS INSURANCE payment?	\$
Do you pay to Heat or Cool your home?	Yes / No
If yes, how much do you pay each month to Heat/Cool your home?	\$
If you pay for Child Day Care, how much do you pay each month?	\$

By my signature below, I declare that all information provided is true:

SIGNATURE **DATE**

General Eligibility Requirements - To be eligible for most programs, applicants must: Live in Virginia; Be a U.S. citizen or meet certain requirements if you are an immigrant; Apply at the agency that serves the city or county where you live, and; Meet specific requirements of each program for which you are applying. Depending on the program, eligibility and the amount of benefits will be based on: Your income; The number of people in the unit; Your resources, and; Certain household expenses.

Medicaid & FAMIS - Medicaid and FAMIS pay for a variety of medical services including prescription drugs, doctor visits and hospital care. Medicaid and Family Access to Medical Insurance Security Plan (FAMIS) are medical assistance programs that make direct payments to health care service providers for eligible individuals and families. Medicaid and FAMIS have different income limits and nonfinancial requirements. When someone applies for medical assistance, the eligibility worker will determine if the person is eligible for either program.

Food Stamps - A supplement to assist low income family with buying food. Each eligible household will receive a card that may be used like a bank debit card to purchase eligible food items.

TANF - temporary assistance to needy families with a child in the home that is: Under age 18, or if 18, will graduate from high school before age 19; Going to school regularly if he is between the ages of 5 and 18; Living with a parent, or other relative, and; A citizen of the U.S. or an eligible immigrant. The family receives a monthly cash payment to meet it's basic needs. If you are applying for a child who has an absent parent, you must provide information you have regarding the parent and cooperate with the **Child Support Enforcement** office in effort to collect any child support payments owed by the absent parent.

Energy Assistance - helps low-income households meet their immediate home energy needs. Eligible households must have a heating or cooling expense.