



**CSBG CARES APPLICATION FOR**  
**Rental Assistance**  
**Water/Sewer Bill Assistance**  
**Childcare Billing Assistance**

**Qualifications:**

200% Federal Poverty Guideline or below

Household Size	200% Poverty Level
1	\$25,520
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320

I have applied for Heating Assistance within the past year. (If your application is current and on file, NICAIO can use this income for verification)

This is my first time applying for services with NICAIO this year. (Please see information below needed for income verification)

**VERIFICATION OF INCOME OPTIONS**

All income must be from the same time period) income verification must be within the last 30 day, unless tax return is provided.

**WAGES**

***CHECK STUBS FOR WAGES***

- ✓ IF PAID WEEKLY, PROVIDE THE MOST RECENT 4 CHECK STUBS
- ✓ IF PAID EVERY 2 WEEKS, PROVIDE THE MOST RECENT 2 CHECK STUBS
- ✓ IF PAID TWICE A MONTH, PROVIDE THE MOST RECENT 2 CHECK STUBS
- ✓ IF PAID ONCE A MONTH, PROVIDE 1 CHECK STUBS

***MOST RECENT FEDERAL TAX RETURN***

- ✓ SELF – EMPLOYED INDIVIDUALS OR FARMERS MUST PROVIDE THE MOST RECENT FEDERAL TAX FORM

**UNEMPLOYMENT**

**CHILD SUPPORT**

**ALIMONY**

**FIP**

**SOCIAL SECURITY AND/OR SSI** (COPY OF A CHECK, AWARD LETTER, OR BANK STATEMENT (IF DIRECT DEPOSIT))

**PENSION AND/OR VA** (COPY OF A CHECK, AWARD LETTER, 1099 FORM COPY, OR BANK STATEMENT)

**COPY OF INVOICE OR BILL FROM**

- LANDLORD**     **WATER/UTILITIES**     **CHILDCARE CENTER**



**2020 CSBG Eligibility Application – Rent/Water/Childcare/COVID Emergency**

I am requesting assistance with:

- Rent     
  Water/Sewer Bill     
  Childcare Billing     
  COVID 19 Emergency

Amount Requested: \$ \_\_\_\_\_ For What Purpose: \_\_\_\_\_  
 Amount Requested: \$ \_\_\_\_\_ For What Purpose: \_\_\_\_\_  
 Amount Requested: \$ \_\_\_\_\_ For What Purpose: \_\_\_\_\_

Describe the situation for application and reason for request: (add as much detail as possible)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Household Address				(If homeless (no address), check here: <input type="checkbox"/> )
Street Address:	City:	Zip:	Phone:	

Please answer the following information for Head of Household	
<b>Are you Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Military Status:</b> <input type="checkbox"/> Veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> None
<b>First Language:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino
<b>Race:</b> <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Other <input type="checkbox"/> Multi-Race	
<b>Education:</b> <input type="checkbox"/> K-8 Grade <input type="checkbox"/> 9-12 Grade <input type="checkbox"/> GED <input type="checkbox"/> High School Grad <input type="checkbox"/> 2 or 4 Yr. Degree <input type="checkbox"/> Other Post-Secondary	
<b>Health Insurance:</b> <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Health <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Employ Based <input type="checkbox"/> Military <input type="checkbox"/> None	
<b>Work Status:</b> <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Unemployed How long _____ <input type="checkbox"/> Retired	

Household Members			
Name	Gender	Relation to Head of Household	Date of Birth
1.	M F	Head of Household	
2.	M F		
3.	M F		
4.	M F		
5.	M F		
6.	M F		

Maximum 200% Poverty Level for 2020			
Household Size	200% Poverty Limit	I have applied for services with NICAO in the past year	
1	\$25,520	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2	\$34,480	Your Name:	
3	\$43,440	Today's Date:	
4	\$52,400	Your Phone Number:	
5	\$61,360	<b>Your Signature:</b>	
6	\$70,320		

Office Use Only	
Date entered in database:	Staff Signature:

**WRITTEN CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**  
**North Iowa Community Action Organization**  
**P. O. Box 1627, Mason City IA 50402-1627**  
**Toll-free: 1-800-873-1899**

**I understand that I am giving consent for the release of information regarding my application for emergency financial assistance from North Iowa Community Action Organization to the following:**

Salvation Army	United Way of North Central Iowa
Red Cross	Mercy Medical Center – North Iowa
General Assistance/County Relief	NICAO – M/CH, Family Planning, WIC
Veteran’s Affairs	NICAO – Head Start/Early Head Start/HS Home Visitation
Iowa Workforce Development	NICAO – FaDSS
Iowa Department of Human Services	NICAO – Community Partners
Elderbridge Agency on Aging	NICAO –
Crisis Intervention Services	Prairie Ridge
Catholic Charities	Long Term Disaster Recovery Committee
Lutheran Service in Iowa	Ministerial Association
Alliant or Other Utility Vendor/s:	Church:
Landlord or Mortgage Holder:	Northern Lights Homeless Shelter
Child Care Center:	Trinity House of Hope
PAYEE:	Long Term Recovery Committee
OTHER:	Murphy Trust / CLUMC

**I understand that any information released or exchanged is strictly confidential.**  
**I understand that this information may include but not be limited to financial, personal, or family characteristics concerning my household, which may be used to determine my eligibility for assistance.**  
**I understand that if I am approved for assistance, my name may automatically be released to the organizations listed above in order to ensure that services will not be duplicated between organizations.**

**I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT**

**I authorize North Iowa Community Action Organization to obtain from, release to, and/or exchange information with any of the above-named organizations for a period of one year from the original date of my application for *EMERGENCY FINANCIAL ASSISTANCE OR CRISIS ASSISTANCE*.**

Applicant signature  X  \_\_\_\_\_ Date \_\_\_\_\_

Applicant signature  X  \_\_\_\_\_ Date \_\_\_\_\_

A photocopy, FAX copy, or exact reproduction of this Authorization, as duly executed, shall have the same force and effect as this original.