APPLICATION FOR ASSISTANCE Kentucky River Foothills Development Council, Inc.

Please complete all information requested in ink. <u>Do not leave blanks</u>, if the question does not apply, enter N/A, if you do not understand a question, or if you need help completing this form, please ask. This agency may be unable to process your application if it is incomplete. If information submitted on this application, changes, please contact the office to update as soon as possible. Please print clearly.

			Date of	Application			
I. Applicant Information							
Applicant Name			Date c	of Birth		Age	
	s (where you live now) Social Security No						
	City	State	Zip Co	de	Telephon	ıe	
Mailing Address (if different	t)		Ci	ty	State	Zip Code	;
II. Household Member Info	ormation:	Please list all person	s who will live in	the assisted unit	beginning v	vith the appli	cant.
PLEASE PROVIDE INDENsecurity cards, birth certificamake agency staff aware, so	ites, etc.). If	f applicable, please pr	provide custody co	ourt orders. If yo	river's licens ou do not hav	se, state issue e this inform	ed ID, social nation, please
Name	Sex	Relationship to Applicant	Date of Birth	Place of Birth		Security mber	*Race
*Race: W	/hite, Black	, American Indian/Al	laska Native, Asia	ın or Pacific Isla	nder, Hispar	nic, Other	
You are not required to report qualify for additional deductional deduction and the second se	rt if someone ions in your ot to answer	rent amount. Does a	has a disability, he any household me me(s):	ember have a dis	ability?	ber has a disa	ability you may
Is there any specific accomm If yes, please explain:	odation you	ı would like to reque	st that would allo	w you to fully ut	tilize our pro	grams?	□Yes □No
You can voluntarily provide alternate person on your behand ADDRESS:	information alf. NAME:	on an alternate cont	tact person. If we	are unable to co	ntact you, w	e will try to o	contact the

III. Household Income

Please provide all income/earnings information below for <u>all household members</u>. This income may include but is not limited to: Employment Income, Self-Employment Income, Unemployment Compensation, Social Security, K-TAP, Disability Income, Child Support, Pensions, Baby-Sitting Income, Odd Jobs Income, etc. If you have no income, write NONE below.

Name of	Employment or	Weekly	Social Security/	K-TAP	Child	Other Income
Household Member	Self-Employment	Unemployment	SSI Monthly	Monthly	Support	List-Type and
Receiving	Gross Weekly Income and	Benefits	Benefits	Income	Monthly	Monthly Amount
Income	Employer Name				Income	
					<u> </u>	<u></u>
Does anyone in	n your household have	any other earnings/ir	acome or receive any	money not lis	ted above?	Yes □No
	and amount monthly:					
WARNII misre	NG: Section 1001, of Tepresentation to any de	Fitle 18 of the U.S. of the U.	code, makes it a cri	minal offense	to make willful	false statements or
IV. Household	d Assets:			os us to tary an	Idtto: Within ho) Jui isuiction.
Does anyone in	n your household have a	a checking account? Balance \$	□Yes □No	Bank Name:	!	
Does anyone in	n your household have a	a savings account? Balance \$]Yes □No	Bank Nam	e:	
Does anvone ir	n your household own r				··	
	I your mousemone own .	Type	/! 🗆 1 65 🗀 140 Value		Address	
Does anyone in IRA Account?	n your household have a □Yes □No; Stocks? □	any of the following: ∃Yes □No; Bonds □	: Money Market Accelyes DNo; Other (li	count? □Yes □ st)	No; Certificate	of Deposit? □Yes □No;
Has anyone in g If yes, please li	your household dispose ist	ed of an asset for less	s than Fair Market V	alue in the past	:two years? □Y	les □No
					<u>.</u>	
V. Preferences						
This agency given RRH clients. H	ves a preference to hous Iomeless, families with	seholds that are DC special needs, dome	BS referrals and current stic violence and phy	rent clients of l ysical or menta	Liberty Place, E	astern Scholar House, &
Does your hous	sehold qualify for this p	reference? □Yes □] No			
VI. <u>Potential I</u>	<u>Deductions</u>					
A. Childcare						
	nousehold have un-reim	-	-	• •	please give deta	
	dress:					
	dren in Care: nount Paid by Househol					
		ια. φ				
	sability expenses nousehold have un-reiml	bursed medical/disal	bility expenses? □Y	es □No	If yes, please a	give details:

APPLICATION FOR ASSISTANCE Kentucky River Foothills Development Council, Inc.

(1) Provider Name:	Provider Phone Number:
Provider Address:	
Monthly Amount Paid by Household: \$	
(2) Provider Name:	Provider Phone Number:
Provider Address:	·
Monthly Amount Paid by Household: \$	(If additional space is needed, attach an additional sheet.)
VII. Conflict of Interest Are you an employee or board member of this agency? □Yes □ Are you related to an employee or board member of this agency?	
If yes to either question above, please explain:	
VIII. Signatures/Certification of True and Correct Information Upon the return of this completed application, this agency will be have a waiting list, and if so, you will be placed on that list. If yo	gin processing your application for assistance. Some programs may
•	
All adult members of household, 18 ye	ars old or older, must sign this application.
	ne and correct, and that I/we have not knowingly withheld any fact or infavorably. I/We hereby authorize inquiries to be made to verify the
(Applicant Signature)	(Date)
(Spouse Signature)	(Date)

WARNING: Section 1001, of Title 18 of the U.S. code, makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

You may return your application by:

e-mail to padams@foothillscap.org Fax - 606-723-8208

Mail to KRFDC - 100 Tyler Lane, Irvine, KY 40336

TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

TITLE VI NOTICE OF PROTECTIONS AGAINST DISCRIMINATION

In accordance with KRS 344.015, <u>Kentucky River Foothills</u>

<u>Development Council</u>, <u>Inc.</u> operates its programs without regard to race, religion, color, sex, age, sexual orientation, national origin, disability, marital status, veteran status, political affiliation, or gender identity.

To request or receive additional information on discrimination obligations, including complaint procedures, please contact the person listed below:

EEO/Affirmative Action Officer:

Local Title VI Coordinator:

Brian Mullins 309 Spangler Drive Richmond, KY 40475 859-624-2046

Keith Long 309 Spangler Drive Richmond, KY 40475 859-624-2046

To file a discrimination complaint, the written complaint must be filed within 5 days of the alleged discrimination. To accommodate limited English proficient individuals, oral complaints to be documented and/or translated may also be given at the above address.

Please Sign and date that you have Protection Against Discrimination, C	been notified of your rights regarding Title VI Notice of ivil Rights Act of 1964.
Signature	Date