Dear Helping Hand Grant Applicant:

Enclosed please find a Helping Hand Grant application and Client Intake form for the "Helping Hand" grant. Please complete, sign and date the application and intake forms and submit the information below that pertains to you.

Please submit one of the following for income verification:

1. Data sheet from County Social Services, if on heating assistance.
2. IRS Income Tax Return.
3. Benefits: Social Security –Disability, Veteran's, Retirement/Pensions-Copy of the letter will work.
4. Employment: past 12 months: can be print out from your employer or copies of each pay stub.
5. Unemployment or Worker’s Comp.
6. SSI, TANF, School Grant or Alimony.

Once we’ve received the above information and your application is approved we can proceed with the project. In some cases, a client share may be required. Red River Valley Community Action will advise you regarding client participation once an estimate for the project has been received from a contractor.

If you have any questions or other concerns, please contact our office at 701-746-5431 or toll free at 800-450-1823.

Sincerely,

Jessica Christofferson
Weatherization Administrative Assistant
Name: 
Address: 
City: 
State: North Dakota 
Zip Code: 
Social Security #: 
County: 
Directions to your Home: 

Eligibility Data: 
Please Check all that apply: 
( ) Elderly 
( ) Handicapped 
( ) Caucasian 
( ) Native American 
( ) Other 

Total number of people living in household: 
Ages (s) of everyone in household: 

Income: Please enclose copies of income verification: 
Social Security: 
Disability: 
SSI: 
Retirement: 
Vet Benefits: 
TANF: 
Unemployment: 
Employment: 
Other: 

Are you currently on Fuel/Heating Assistance? ______ Yes ______ No (If yes, then attach acceptance letters) 

Occupancy Status: (circle one) OWNER or RENTER 

THE INFORMATION PROVIDED ME TO ESTABLISH MY ELIGIBILITY IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. 
I authorize the release of all employment/income records for the purpose of obtaining data required to determine eligibility and for evaluation of energy conserving effectiveness of the work done. The residence is not currently for sale, nor is it designated for acquisition, clearance or foreclosure by federal, state or local programs. 

Signature of Applicant 
Date 

Any and all information regarding clients will be kept confidential. All application and eligibility-determination information will be protected against discriminate access by RRVCA staff and will not be made available for public view. 

Agency Review: 
Application Status: Approved: Disapproved-Reason: 
By: Date: 

1013 North 5th Street, Grand Forks, ND 58203 
Phone (701) 746-5431 • Toll free (800) 450-1823 • Fax (701) 746-0406 
Website www.rvca.com
Red River Valley Community Action
1013 N 5th St., Grand Forks, ND 58203
(701) 746-5431 - (701) 746-0406 Fax - 1-800-450-1823 Toll Free

* Items are Required to be Answered

Services: Check all that apply
- Commodities
- Energy Share
- Emergency Services
- Food Pantry
- Home Rehab
- Rent Assistance
- Security Deposit
- Self Reliance
- Shelter
- Veterans Services
- Weatherization
- Other

Personal Information for Head of Household (HOH)*

First Name
MI
Last Name

Address

City
State
Zip Code
County

Date of Birth*

Social Security #*

Disabled*
Yes
No

Ethnicity*
Hispanic or Latino
Not Hispanic or Latino

Telephone*
Home
Cell

Race*
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Asian
- Biracial/Multi-racial
- Black or African American
- White
- Other

Education*
- 0-8
- 9-12 (non-grad)
- GED
- High School Grad
- 12+ Grad

College Degree

Health Insurance*
- None
- Private
- VA
- Medicare
- Medicaid
- Other

Veteran*
Yes
No

Food Stamps
Yes
No

If Yes - Amount*
**Income Sources**

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<th>Additional Income</th>
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(Sources of income could be Employment, Unemployment, Social Security, SSI/SSDI, Child Support, TANF, Pension)

**Household Type - Required**

- Female Single Parent
- Male Single Parent
- Two Parent Household
- Two Adults NO Children
- Single
- Other:

**Marital Status**

- Single
- Divorced
- Widowed
- Married
- Separated
- Domestic Partnership

**Housing Status**

- Own
- Renter
- Homeless

**Fuel Assistance (LIHEAP)**

- Yes
- No

**Rent/House Payment**

- Amount
- Housing Assistance
- Yes
- No

**Years at Residence**

**Housing Type**

- House
- Apartment
- Duplex
- Mobile Home

**Energy Source:**

- Oil
- Natural Gas
- Electric
- Propane
- Other

**Signature**

**Date:**

**Email Address:**

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment basis of race, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation or all or part of the individual's income is derived from any public assistance program or protected genetic information in employment or activity conducted or funded by the department.

If you wish to file a civil rights program complaint of discrimination, complete the USDA Program Discrimination form at [http://www.ascr.usda.gov/complaint_filing_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office or call 1-866-632-9992 to request the form. You may also write a letter containing all of the information requested by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Ave SW, Washington, DC 20250-9410; by FAX 202-690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 1-800-877-8339 or 1-800-845-6136 (Spanish). USDA is an Equal Opportunity
### Additional Household Members - PLEASE PRINT

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