Dear applicant,

Thank you for asking for the support of our organization Reconnecting with the Disconnected. After your application has reached us, it will be reviewed by the committee responsible for defining whether you qualify for our program or not.

To qualify, you must:

- Be the owner of the home of which you are asking for assistance
- Have a salary, pension, or social security income which falls under the guidelines which HUD has set in place to determine whether a person is of low income.

  The documentation for the proof of income has to be provided with the application.
- Live within the El Paso City or County limits
- When you need assistance for general clean-up in or around the home, be at least 62 years or longer, disabled, and/or a Veteran.

If the above requirements do not apply to you, we ask that you not send in your application, as we will be unable to provide you with assistance. However, if you do fall within these parameters, please send your completed and signed application to the following address:

Reconnecting with the Disconnected
3801 Memphis Ave
El Paso, TX 79930

Please be aware that our resources are limited. Please also keep in mind that assistance is not immediate. We focus on repairs or adjustments which affect your safety, health, and wellbeing. We do not have the resources to help with payments for the home, utilities, clothes or furniture.

sincerely
Reconnecting with the Disconnected
915-275-9916

Application Form for Home Clean-Up

(for official use only)
Application # *Date Received:*
District: ___ *Year Built:* *Value :*
Flood zone Y/N :_____

Please print (MUST be filled out COMPLETELY and SIGNED. or it will be returned.

To be filled out by the homeowner or in his/her name

Last Name: _____ First name: _____ Address: ____Zip Code: _____

Phone #: _____Date: _____

Family Composition :
Are you the Home Owner: ____ Yes __ No. Is the homeowner male : ____ female : ___ _
Is the homeowner veteran : __ Yes No. Is the homeowner disabled*: ____ Yes ___ No
List the number of people in your home and their age (including yourself) :
Number of males: ___ Ages : _____Number offemales: _____Ages: ____ _
Number who are severely disabled : ____ (See definition on second page). Number of veterans ___

Income : (proof of income is required)
List the amount of money and source that you receive each month from the following resources:

Pension(s) : $ _____Social security: $ _____SSI : $ _____Food Stamps : $ ___ _
VA Compensation:$ other (please specify):$ from _____

List the amount of money and source that anyone living in your house receives every month :
Social Security : $_____.Disability Check : $ ____ VA Compensation : $ ____ _
Food Stamps : $ _____Suppl.Social Security:$ _____ Other (please specify) : $____ _
Income from employment:$ _____Employer: _____

Add the TOTAL INCOME YOU AND ALL OTHERS living in your home receive per month listed above and put the total amount here :
TOTAL HOUSEHOLD INCOME;$_____per month

Please list and/or explain the clean-up assistance you are looking for:

_____
_____
_____
_____
_____

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CERTIFICATION FORM FOR USE WITH PRESUMED BENEFITS CONTRACTS

*Severely disabled : the census definition states that persons are classified as having a severe disability if they: (a) use a wheel chair or have used another special aid for six months or longer; (b) are unable to perform one or more "functional activities" or need assistance with an activity of daily living (ADL) or instrumental activity of daily living (IADL); (c) are prevented from working at a job or doing housework; (d) have a selected condition including autism, cerebral palsy, Alzheimer's disease, senility or dementia, or intellectual disability. Also, people under 65 years of age who are covered by Medicare or who receive SSI are considered to have a severe disability.

Your application will be reviewed by Reconnecting with the Disconnected Committee to determine if you qualify under the guidelines (See cover letter sent with this application for details). You will receive a notification if you do or do not qualify for assistance. Please keep in mind that even if you qualify, our

assistance is contingent upon funds available and the extent of the work that we can do. Reconnecting with the Disconnected is non-profit organization that relies on grant funding and donations. Qualified applicants will be placed on a Qualified Prospect List until funds and/or scheduling become available. When funds become available a home visit will be scheduled to review the repairs requested in your application. An adult family member must be present when someone comes to visit your home.

Do you have/own animals, such as dogs, cats etc.? Yes _ No ____

Please be advised that by signing this application, you agree to be responsible for keeping them from the volunteers of Reconnecting with the Disconnected while they complete the clean-up of your home. Be advised that NO WORK will be done by Reconnecting with the Disconnected with any of your animals in the work site area.

Also, please be advised that falsifying any information on this application may result in immediate termination of Reconnecting with the Disconnected's services you may receive.

You must sign and date this application to be considered for assistance and to give your consent to perform an inspection if selected for assistance.

_____ _____

Name of applicant (Please print) Date

_____ Submitted By: _____ self

Signature of applicant _____ Agency, Social Worker

_____ Other

Agency/Organization's name . Phone: _____

Social Worker's Representative name:_____. Phone: _____

Please mail Application to: Reconnecting with the Disconnected
3801 Memphis Ave, El Paso TX 79930

ATTACHMENT A3
PRESUMED BENEFIT ELIGIBILITY CERTIFICATION

CLIENT NAME:	DATE OF BIRTH

(Including nicknames or other names used)

ADDRESS

CURRENT STREET:	CITY/ STATE:	ZIP CODE:

PHONE NUMBER_____ **EMAIL**_____

GENDER:

☐ Male ☐ Gender Variant/ Non-conforming ☐ Female ☐ Prefer Not to Say

ETHNICITY:

☐ Hispanic ☐ Not Hispanic

IS THE CLIENT DISABLED? ☐ Yes ☐ No

IS THE CLIENT A VETERAN OR ACTIVE MILITARY?

☐ Veteran ☐ Active Military ☐ Not applicable

RACE:

☐ White
☐ Black/African American
☐ Black/African American & White
☐ Asian
☐ Asian & White
☐ Other
☐ American Indian/Alaskan Native
☐ American Indian/Alaskan Native & White
☐ Native Hawaiian/ Pacific Islander
☐ Native Hawaiian/ Other Pacific Islander
☐ Other Multi- Racial

IS THIS A FEMALE HEADED HOUSEHOLD?

☐ Yes ☐ No

PRESUMED BENEFIT:

☐ Elderly (62 or older) ☐ Homeless ☐Abused Child ☐ Battered Spouse
☐ Illiterate Adult ☐ Migrant Farm Worker ☐ Severely Disabled Adults ☐ Persons with AIDS

The information provided on this form is subject to verification by HUD at any time, and Title 18 Section 1001 of the U.S Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States. I hereby certify that all information within this certification is true and correct to the best of my knowledge. I understand that this information is for use in determining my qualification for a program supported in part by federal funds. I authorize that this information on this document can be verified on a later date.

Signature of client or legal guardian/ Parent	Date Signed

I hereby certify that all information within this certification is true and correct to the best of my knowledge. I understand that I am applying for assistance intended to benefit only low- and moderate-income persons. I am aware that making a false statement to obtain benefits to which I am not entitled may subject me to both civil and criminal penalties, as well as forfeiture of my benefits. I authorize that information on this document be verified with the employers or other income sources at a later date, and authorize said employers or other sources to release this information.

Signature of client if over 18 or parent/legal guardian

Date Signed

FOR AGENCY USE ONLY

Address within City or County Limits? ☐ Yes ☐ No

Staff Member Making Verification/Date_____