

Applicant Name \_\_\_\_\_

**1. PROOF THAT APPLICANT IS A U.S. CITIZEN OR LEGAL IMMIGRANT ALLOWED TO WORK IN UNITED STATES:**

(Please check one)

- |   |   |
|---|---|
| <input type="checkbox"/> Birth Certificate  | <input type="checkbox"/> Report of Birth Abroad of U.S. Citizen   |
| <input type="checkbox"/> Certificate of Citizenship   | <input type="checkbox"/> U.S. Passport  |
| <input type="checkbox"/> U.S. Citizen I.D. Card   | <input type="checkbox"/> American Indian Card   |
| <input type="checkbox"/> Consular Report of Birth   | <input type="checkbox"/> Social Security Number (if issued prior to 6/30/48)  |
| <input type="checkbox"/> Northern Marianas Primary I.D. Card (issued prior to 1986 and to applicants born prior to 11/3/86) | <input type="checkbox"/> Lawful Permanent Resident Card   |
| <input type="checkbox"/> Current Green Card   | <input type="checkbox"/> Immigrant Alien (Cuban, Haitian entrants, asylees, parolees, person granted amnesty and conditional entrants). |
| <input type="checkbox"/> Naturalization Certificate   |   |

**2. PROOF THAT APPLICANT IS A GEORGIA RESIDENT BY ONE OF THE FOLLOWING:** (Please check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Driver's License <b>OR</b> State Issued Identification Card | <input type="checkbox"/> School Record                                |
| <input type="checkbox"/> Rent <b>OR</b> utility company receipt                      | <input type="checkbox"/> Written statement of a responsible reference |
| <input type="checkbox"/> Employment Record   | <input type="checkbox"/> Any other document proving residency         |
| <input type="checkbox"/> Lease Agreement   |   |

**3. PROOF THAT APPLICANT IS A CARETAKER OF A MINOR DEPENDENT CHILD UNDER THE AGE OF 18 LIVING IN THE HOME OR THE NON-CUSTODIAL PARENT PARTICIPATING IN THE GEORGIA FATHERHOOD PROGRAM WHOSE CHILD IS RECEIVING TANF.**

**Use one of the following sources:** (Please check one)

- |   |   |
|---|---|
| <input type="checkbox"/> Affidavit of person present at the birth | <input type="checkbox"/> Court Record     |
| <input type="checkbox"/> Adoption Record                          | <input type="checkbox"/> Client Statement |
| <input type="checkbox"/> School Record                            | <input type="checkbox"/> Insurance Record |
| <input type="checkbox"/> Birth Certificate                        | <input type="checkbox"/> Medical Record   |
| <input type="checkbox"/> U.S. Passport                            |   |

**4. RELATIONSHIP: Unless the applicant is participating in the Georgia Fatherhood Program, the applicant must live with a minor dependent child relative. Relationship is established by: birth, ceremonial OR common-law marriage, legal adoption or legal guardianship.**

**The following relationships meet the relationship requirement:** (Please check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Parent (by birth, legal adoption <b>OR</b> step relationship) | <input type="checkbox"/> Legal guardian with a U.S. Passport  |
| <input type="checkbox"/> Grandparent (up to great-great-great)                         | <input type="checkbox"/> Spouse of any person named above (including marriages terminated by death or divorce, unless the child is born after termination of the marriage)<br>(Spouse of a stepparent <b>OR</b> the spouse of a stepsibling is not within the specified degree of relationship) |
| <input type="checkbox"/> Sibling (half, whole, step)                                   | <input type="checkbox"/> Client Statement   |
| <input type="checkbox"/> Aunt/Uncle (up to great-great)                                |   |
| <input type="checkbox"/> Niece/Nephew (including child and grandchild of niece/nephew) |   |
| <input type="checkbox"/> First Cousin  |   |
| <input type="checkbox"/> First Cousin once removed (the child of a first cousin)       |   |

**5. PROOF OF INCOME: All household income must be converted to a monthly gross total** (Not including food stamps)

**Income limits for Fresh Start Program:** (Please check one row)

✓	Person(s) in Family Unit	ARRA Monthly Income Limit (300% of FPL)	ARRA Annual Income Limit (300% of FPL)	FPL
	1	\$2,709	\$ 32,508	\$ 903
	2	\$3,645	\$ 43,740	\$1,215
	3	\$4,578	\$ 54,936	\$1,526
	4	\$5,514	\$ 66,168	\$1,838
	5	\$6,450	\$ 77,400	\$2,150
	6	\$7,383	\$ 88,596	\$2,461
	7	\$8,319	\$ 99,828	\$2,773
	8	\$9,255	\$111,060	\$3,085
	Each additional person	\$ 936	\$ 11,232	\$ 312

**6. EPISODE OF NEED: Payment of a past due utility and/OR rent/mortgage, as well as a deposit that will allow the family to move into a new apartment OR have utilities turned on** (Eviction/Demand of Possession/Dispossessory notice, past due bill or disconnection notice)

**Bill must be included with the application**

Need	Amount Requested	Amount to be Financed by UWMA
Rent	\$	\$
Rent Deposit	\$	\$
Mortgage (past due bill)	\$	\$
Water/Sewer/Sanitation (past due <b>OR</b> deposit) Sewer and/or Sanitation only when combined with Water	\$	\$
Gas (past due <b>OR</b> deposit)	\$	\$
Electric (past due <b>OR</b> deposit)	\$	\$
<b>Total Amount</b>	<b>\$</b>	<b>\$</b>

**7. PROOF OF MATCH:** (Please provide documentation showing proof of payment)

Agency/Vendor/Client, etc. (Please specify)	Amount Contributed	Percentage
Fresh Start:	\$	
Agency:	\$	
Vendor:	\$	
Vendor:	\$	
Vendor:	\$	
Client: (money order, other _____)	\$	
Money order <b>OR</b> cashier's check:	\$	
<b>Total Amount (percentage must be 100%)</b>	<b>\$</b>	

_____	_____
Approved by Agency – Signature	Date
_____	_____
Approved by UWMA 2-1-1 – Signature	Date
_____	_____
Approved by UWMA Finance – Signature	Date

