**SANTEE-LYNCHES TENANT EMPOWERMENT PROGRAM (S.T.E.P.)**

**APPLICATION**

**APPLICANT FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*EDUCATION ENROLLMENT STATUS AND INSTITUTION:  *CURRENT SCHOOL SCHEDULE IS REQUIRED FOR ELIGIBILITY***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OR**

**\*WORKFORCE DEVELOPMENT TRAINING STATUS AND ORGANIZATION: *DOCUMENTATION IS* *REQUIRED FOR ELIGIBILITY***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expected graduation date or expected training course completion date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*Program applicants enrolled as full-time students or participants in a Partnering work training program must meet at least one of the following criteria in order to qualify for S.T.E.P. assistance:

* Be 24 years of age or older,
* Be a US military veteran,
* Be married,
* Have a least 1 (one) dependent child
* Santee Lynches Regional Reentry Program

**HOUSEHOLD COMPOSITION**

**(Please list the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.) *The LONG FORM birth certificates are REQUIRED for dependents and a Driver’s License/State Identification is REQUIRED for the applicant.***

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| --- | --- | --- | --- | --- | --- |
| **Household Member’s Full Name** | **Relationship** | **Birthdate** | **Age** | **Sex** | **Social Security No.** |
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**Race of Head of Household (Check One) (*Optional*)**

**(This information is being collected to assure compliance with fair housing and equal opportunity rules.)**

**White  Black  Asian/Pacific Islander**

**Native American/Alaskan Native  Hispanic**

**INCOME INFORMATION**

**What is the total annual income of all household members? (Include paystubs for wages, salaries and tips; other income such as alimony, child support, and Social Security, AFDC or other benefits)**

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| --- | --- | --- | --- |
| **Household Member’s Full Name** | **Source of Income** | **Annual Amount** | **Payment Basis**  **(weekly, monthly, etc.)** |
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**ASSET INFORMATION**

**List the type and source of any family assets. Provide both the current cash value and the estimated annual income from the asset.**

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| --- | --- | --- | --- |
| **Household Member’s Full Name** | **Type and Source of Asset (bank accounts, investments)** | **Cash Value of Asset** | **Annual Income from Asset** |
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**EXPENSE INFORMATION**

**Does your household have unreimbursed medical expenses in excess of 3 percent of annual income?**

**Does your household pay childcare expenses for children under the age of 13 that enable a family member to work or go to school?**

**Does your household pay care expenses for the care of a family member with disabilities that enable a family member to work?**

**APPLICATION CERTIFICATION: I/We understand that the above information is being collected to determine if I/WE are eligible to receive rental assistance. I/We authorize Santee-Lynches Regional Council of Governments to verify all information provided on this application.**

**Head of Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**