



**Bring Everyone In The Zone, Inc. (BEITZ)**  
**204 Priest Drive, Killeen, TX 76541**  
**Financial Assistance Application**

OK	N/A	Required Documents
		DD214 (Need Member Copy Number 4), Certificate of Honorary Discharge, ebenefits, VA Eligibility Letter or VCard (or other form of verification recognized by the TVC, FVA)
		Identification: Driver's License, Photo ID (Military, Passport, etc)
		Social Security Numbers for all household members; Birth certificates - dependent children.
		Proof of Residence Address and mailing address, if different
		Proof of earned income or wages (check Stub, copy of check, LES Statement, etc, covering 30 day period)
		Proof of unearned income: TANF, Food Stamp Print Out from DHS (not a letter), Social Security, SSI, (Award letter for current year) VA Benefits, Unemployment, Pension Award letters etc., copy of Bank Statement showing auto deposit to bank account)
		Copy of Current Lease with landlord name, address and phone number or copy of current mortgage statement and your signature
		Original Copies of Bills you are seeking assistance in paying - a copy of a disconnection notice is not sufficient – need the full recent 30 day bill
		Last 90 days banking transaction history all accounts
		Verification about what has happened to you in past 60 days which caused an emergency or crisis for you
		Completed Financial Assistance Crisis Intervention Screening Form/Application (attached)
		If applying for Santa Pal, we are not responsible for injury to a child from a donated toy. We pass on donated toys and Parents/Guardians are fully responsible to supervisor their children's use.

Bring Everyone In The Zone, Inc. has my permission to share my application and financial information with any other provider in an effort to assist me with resources, or services. With my signature below I acknowledge that submitting an application does not guarantee that I will receive assistance. I further acknowledge that assistance is only provided once a year. I also understand that **I may be required to attend a Peer Support meeting within 30 days** (exception Santa Pal) and write a thank you note to the Bring Everyone In The Zone, Inc. organization and its benefactors.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

***"If you think you can, or you think you can't, you're right." Henry Ford***





Free, Confidential  
Peer to Peer Support

# INTAKE APPLICATION 2020

Head of Household Information

<b>First Name:</b>		<b>Middle Initial:</b>		<b>Last Name:</b>	
<b>Relationship to Head of Household:</b>		<b>Date of Birth:</b>		<b>Social Security #:</b>	
				<b>Gender:</b> Male      Female	
<b>Address:</b>		<b>City:</b>		<b>Zip Code:</b>	
				<b>Phone:</b>	

## Head of Household Personal Information

<b>Education</b>	0-8 <sup>th</sup> grade	9-12 <sup>th</sup> grade	HS Graduate	GED	12+ secondary	2-4 college grad	
<b>Disabled</b>	Yes	No	<b>Hispanic</b>			Yes	No
<b>Race</b>	Black/African American	White	Asian	Hawaiian/Pc Isl.	Native American	Bi-racial Multi-racial	Other
<b>Work Status</b>	Employed FT	Employed PT	Migrant	Retired	Unemployed 6 months or longer	Unemployed	Student
<b>Not working AND Not in school: YES/NO Reason:</b>							
<b>Health Insurance</b>	NONE	Direct Purchase	Military	Medicare			
<b>Medicaid</b>	State Children CHIP	State-Adult	Employment Based				
<b>Marital Status</b>	Single	Married	Divorced	Separated	Widowed	Domestic Partner	

<b>Veteran</b>	Yes	No	<b>Eligible Veteran Spouse</b>				YES	NO
<b>Veteran</b>	Service start date	Service End Date	Service Connected Disability	Yes	No	% Disabled		

Complete all Sections

## Household and Residence Information

<b>Family Type</b>	Extended Family	Multigenerational	Other	Single Parent Female	
Single Parent Male	Single Person	2 adults no Children	2 Parent Household		
<b>Housing</b>	Own	Rent	Temporary Quarters	Homeless	If Owned Year House was Built
<b>Residence Type</b>	Apt Rented		Mobile Home Rented	Single Family Home Rented	
Mobile Home Owned	Single Family Home Owned	Temporary Quarters	Homeless		

## Household Needs

Employment Assistance	Housing	Medical-Insurance
Employment Resume	Utility Assistance	Medical-Pregnancy
Family	Weatherization	Training -ESL
Food Stamps –WIC	Legal Referral	Training-GED
Food-Emergency Food	Medical Prescriptions	Training-Voc. Ed

Complete all Sections Attach Documentation

Spouse or Other Household Member

**Household Income**

Type of Income	Person Receiving Income	Amount Per Month
Employment		
Employment		
Social Security		
Social Security		
Social Security Disability		
Social Security Disability		
Food Stamps		
Child Support/TANF		
VA Disability		
Pension		
Unemployment Compensation		

**Describe Emergency Situation**

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**Spouse or Other Household Member**

First Name:	Middle Initial:	Last Name:
Relationship to Head of Household:	Date of Birth:	Social Security #: <span style="float: right;">Gender: Male    Female</span>

**Spouse or Other Household Member Personal Information**

<b>Education</b>	0-8 <sup>th</sup> grade	9-12 <sup>th</sup> grade	HS Graduate	GED	12+ secondary	2-4 college grad
<b>Disabled</b>	Yes    No		<b>Hispanic</b>			Yes    No
<b>Race</b>	Black/African American	White	Asian	Hawaiian/Pc Isl.	Native American	Bi-racial Multi-racial    Other
<b>Work Status</b>	Employed FT	Employed PT	Migrant	Retired	Unemployed 6 months or longer	Unemployed    Student
<b>Not working. Not a student. YES/NO Reason:</b>						
<b>Health Insurance</b>	NONE		Direct Purchase	Military	Medicare	
<b>Medicaid</b>	State Children CHIP		State-Adult	Employment Based		
<b>Marital Status</b>	Single	Married	Divorced	Separated	Widowed	Domestic Partner
<b>Veteran</b>	Yes	No	<b>Eligible Veteran Spouse</b>			YES    NO
<b>Veteran</b>	Service start date		Service End Date	Service Connected Disability	Yes    No	% Disabled

**Certification Statement**

I certify that the above information is true and accurate. I also understand that during verification should any part be false, participation may be terminated. I also understand that that the information contained will be held in confidence and be used to determine eligibility and program planning. I understand that this information will be shared with Federal, State and local agencies as necessary.

Applicant Name

Client Name

Date

Staff Signature

Date

Child or Other Household Member			
First Name:		Middle Initial:	Last Name:
Relationship to Head of Household:		Date of Birth:	Social Security #: <span style="float: right;">Gender: Male    Female</span>

Education	0-8 <sup>th</sup> grade	9-12 <sup>th</sup> grade	HS Graduate	GED	12+ secondary	2-4 college grad	
Disabled	Yes    No		Hispanic			Yes	No
Race	Black/African American	White	Asian	Hawaiian/Pc Isl.	Native American	Bi-racial Multi-racial    Other	
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Medicaid	State Children CHIP		State-Adult		Employment Based		
Marital Status	Single	Married	Divorced	Separated	Widowed	Domestic Partner	

Veteran	Yes	No	Eligible Veteran Spouse				YES	NO
Veteran	Service start date		Service End Date		Service Connected Disability	Yes	No	% Disabled

Child or Other Household Member			
First Name:		Middle Initial:	Last Name:
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Child or Other Household Member			
First Name:		Middle Initial:	Last Name:
Relationship to Head of Household:		Date of Birth:	Social Security #: <span style="float: right;">Gender: Male    Female</span>

Education	0-8 <sup>th</sup> grade	9-12 <sup>th</sup> grade	HS Graduate	GED	12+ secondary	2-4 college grad
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Veteran	Yes    No	Eligible Veteran Spouse				YES    NO
Veteran	Service start date	Service End Date	Service Connected Disability	Yes    No	% Disabled	

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Child or Other Household Member			
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Relationship to Head of Household:		Date of Birth:	Social Security #: <span style="float: right;">Gender: Male    Female</span>

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Veteran	Service start date	Service End Date	Service Connected Disability	Yes    No	% Disabled	

PERSON CENTERED PLAN (ACTION PLAN)

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

You are here because you are unable to take care of your personal financial obligations. What are you going to do to help yourself so that you are not in this situation again in the future.

GOAL


This is why you need to accomplish your goal.

OBJECTIVES


How are you going to accomplish this goal? What are you going to do to make sure you are not in this situation again? If you change nothing, you will be in the same situation very quickly.

STRATEGIES


This is what will happen if you do what you plan above and accomplish the goal.

OUTCOME


When are you going to start on each strategy above?

TIMELINE


What obstacles are in your way and what do you think you can do to overcome them?

OBSTACLES


What resources do you have or what resources do you need to improve your situation.

RESOURCES


Short term goals that you can work on right away that will improve your situation.

MINI-GOALS


**INCOME CALCULATION with SOURCE DOCUMENTATION**

Client Name \_\_\_\_\_

Head of Household  YES  NO

\*Complete this sheet for each household member with income from any source

Total Number Household Members \_\_\_\_\_ Number Household Members with Income from any source\* \_\_\_\_\_

Complete the information below as it relates to the Head of Household

Select 1 Race from those listed below

Race \_\_\_\_\_ 1 White 12 Black /African American 13 Asian 14 American Indian/Alaska Native  
 Ethnicity \_\_\_\_\_ 15 Native Hawaiian/Other Pacific Islander 16 American Indian/Alaska Native/White 17 Asian/White  
 Hispanic/Latino  YES  NO 18 Black/African American/White 19 American Indian/Alaska Native/Black African American 20 Other Multi-

**Individual Annual Income Calculation**

**Hourly Regular Time**

\$ -	Per Hour	From Date	To Date	#	#hours/week	Weekly Hourly
\$ -	YTD Earnings				# months	Avg Inc Mthly
\$ -	Month Inc Per Hour					
\$ -	YTD Avg Income					
\$0.00	Enter the higher amount of the two income calculations from Hourly Regular Time					

**Salary**

Select one type of salary from the list. Enter information for the type of Salary selected.

\$ -	Annual - i.e.- annual contract paid monthl	X1/12	=		Income
\$ -	Monthly	X1	=		Income
\$ -	Bi Weekly	X26/12	=		Income
\$ -	Semi Monthly	X24/12	=		Income
\$ -	Weekly	X52/12	=		Income

\$ -	YTD Salary (paystub)	From Date	To Date	# weeks	# months	Annual Income
(enter number of weeks OR whole months)						

1 Annual Salary Income

**Over Time / Bonus**

Break out OT/Bonus from base salary

\$ -	YTD Overtime	From Date	To Date	# months	Income
\$ -	YTD Bonus			# months	Income
\$ -	Other Year OT/Bonus			# months	Income

\$ -	YTD Avg	
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2 Annual Overtime/Bonus Income

**Commission**

Break out commission from base salary

	YTD Commission	From Date	To Date	minus Expenses	enter eligible expenses
	= Net income			# months	thly income
	YTD Avg using Net Income				

3 Annual Income Commission

**Other Employment Income**

From Date To Date

Enter other employment income in this section

a	\$ -	YTD inc	From Date	To Date	# weeks	# months
b	\$ -	YTD inc			# weeks	# months
c	\$ -	YTD inc			# weeks	# months

\$ -	Annual Income - #a
\$ -	Annual Inc. - #b
\$ -	Annual Inc - #c
\$ -	Total Annual Inc Other (must explain each below)

4

**NON TAXABLE INCOME**

Enter the amount and Type of Non-Taxable Income

\$ -	Monthly Amount	
\$ -	Monthly Amount	
\$ -	Total Monthly Non Taxable Income	

5

**Total Annual Income**

6 Add totals from numbers 1 through 5 above for total Annual Income All Sources for the client household member.

I certify that all of the above information is true and correct and that all family income is reported. I understand that this information is given so that this agency can receive Federal funds from the U.S. Department of Housing and Urban Development (HUD). I understand that the information I have provided can be verified by any granting entity and/or Federal agency and the deliberate misrepresentation of this information may subject me to prosecution under applicable state and Federal Law.

Client/Applicant Signature \_\_\_\_\_

Client/Applicant Printed Name \_\_\_\_\_

Date \_\_\_\_\_



Attach calculation tape/sheet or show calculations used to determine income.

Page 2

**INCOME CALCULATION with SOURCE DOCUMENTATION**

Client Name \_\_\_\_\_

Head of Household  YES  NO

\*Complete this sheet for each household member with income from any source

Total Number Household Members \_\_\_\_\_

Number Household Members with Income from any source\* \_\_\_\_\_

Complete the information below as it relates to the Head of Household

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**Individual Annual Income Calculation**

**Hourly Regular Time**

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\$ -	YTD Earnings			#		# months	Avg Inc Mthly
\$ -	Month Inc Per Hour						
\$ -	YTD Avg Income						
\$0.00	Enter the higher amount of the two income calculations from Hourly Regular Time						

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\$ -	Semi Monthly	X24/12	=		Income
\$ -	Weekly	X52/12	=		Income

\$ -	YTD Salary (paystub)	From Date	To Date	# weeks	# months	Annual Income
(enter number of weeks OR whole months)						

1 Annual Salary Income

**Over Time / Bonus**

Break out OT/Bonus from base salary

\$ -	YTD Overtime	From Date	To Date		# months	Income
\$ -	YTD Bonus				# months	Income
\$ -	Other Year OT/Bonus				# months	Income

\$ -	YTD Avg					
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2 Annual Overtime/Bonus Income

**Commission**

Break out commission from base salary

	YTD Commission	From Date	To Date	minus Expenses	enter eligible expenses
	= Net income			# months	thly income
	YTD Avg using Net Income				

3 Annual Income Commission

**Other Employment Income**

From Date To Date

Enter other employment income in this section

a	\$ -	YTD inc			# weeks	# months
b	\$ -	YTD inc			# weeks	# months
c	\$ -	YTD inc			# weeks	# months

\$ -	Annual Income - #a	
\$ -	Annual Inc. - #b	
\$ -	Annual Inc - #c	
\$ -	Total Annual Inc Other (must explain each below)	

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**NON TAXABLE INCOME**

Enter the amount and Type of Non-Taxable Income

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Client/Applicant Signature \_\_\_\_\_

Client/Applicant Printed Name \_\_\_\_\_

Date \_\_\_\_\_

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