



Lower River Community Workforce Fund Application

Date: \_\_\_\_\_

**Applicant is to also complete co-applicant section, including employment information for all adult members of household (new household instead if moving). Please note that this grant fund is intended to assist local WORKERS who live and work within the Lower River Community (Rio Nido, Guerneville, or Monte Rio only) with housing expenses in order to prevent them from becoming homeless. Checks for approved applicants will be issued payable to landlords, property managers, and/or utility companies. Checks will not be made payable to applicants. Information will be kept confidential except as needed for the Russian River Alliance Board of Directors to make approval decisions, and/or to satisfy Sonoma County reporting requirements.**

**Primary Applicant:**

Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Other last name used: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Gender: Female \_\_ Male \_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

**Landlord/ Property Manager Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Your Mailing address** (If different from above): \_\_\_\_\_ Zip Code \_\_\_\_\_

**If Moving**, new address: \_\_\_\_\_

**Your Home Phone:** \_\_\_\_\_ **Your Cell Phone:** \_\_\_\_\_

**Your E-mail:** \_\_\_\_\_

**Are you Homeless or are you in immediate danger of becoming homeless if rent or rental deposit assistance is not provided?**

- Yes
- No

**If you are currently homeless, when did you become homeless? Date:** \_\_\_\_\_

How many **times** have you been homeless in the past 3 years? \_\_\_\_\_

**How many months** were you homeless for in the past 3 years? \_\_\_\_\_

When did you first arrive to Sonoma County? \_\_\_\_\_

**How** did you hear about us? \_\_\_\_\_

Are you employed?

- Yes
- No

Name, address, phone number, and current supervisor name of employer \_\_\_\_\_  
\_\_\_\_\_

How many hours a week do you work? \_\_\_\_\_

Current monthly salary \_\_\_\_\_

How long have you been employed with current employer? \_\_\_\_\_

Previous employer and from/to dates employed \_\_\_\_\_

Do you have any other income besides employment income? \_\_\_\_\_

If Yes, how much and from what source? \_\_\_\_\_

**Co-Applicant #1:**

**Relationship to Applicant:** \_\_\_\_\_

Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Other last name used: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Gender: Female \_\_ Male \_\_

**Are you homeless or are you in immediate danger of becoming homeless if rent or rental deposit assistance is not provided?**

- Yes
- No

**If you are currently homeless, when did you become homeless? Date:** \_\_\_\_\_

How many **times** have you been homeless in the past 3 years? \_\_\_\_\_

**How many months** were you homeless for in the past 3 years? \_\_\_\_\_

When did you first arrive to Sonoma County? \_\_\_\_\_

**How** did you hear about us: \_\_\_\_\_

Are you employed?

- Yes
- No

Name, address, phone number, and current supervisor name of employer \_\_\_\_\_  
\_\_\_\_\_

How many hours a week do you work? \_\_\_\_\_

Current monthly salary \_\_\_\_\_

How long have you been employed with current employer? \_\_\_\_\_

Previous employer and from/to dates employed \_\_\_\_\_

Do you have any other income besides employment income? \_\_\_\_\_

If Yes, how much and from what source? \_\_\_\_\_

**Co-Applicant #2:**

**Relationship to Applicant:** \_\_\_\_\_

Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Other last name used: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Gender: Female \_\_\_ Male \_\_\_

**Are you homeless or are you in immediate danger of becoming homeless if rent or rental deposit assistance is not provided?**

- Yes
- No

**If you are currently homeless, when did you become homeless? Date:** \_\_\_\_\_

How many **times** have you been homeless in the past 3 years? \_\_\_\_\_

How many **months** were you homeless for in the past 3 years? \_\_\_\_\_

When did you first arrive to Sonoma County? \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Are you employed?

- Yes
- No

Name, address, phone number, and current supervisor name of employer \_\_\_\_\_  
\_\_\_\_\_

How many hours a week do you work? \_\_\_\_\_

Current monthly salary \_\_\_\_\_

How long have you been employed with current employer? \_\_\_\_\_

Previous employer and from/to dates employed \_\_\_\_\_

Do you have any other income besides employment income? \_\_\_\_\_

If Yes, how much and from what source? \_\_\_\_\_

**Co-Applicant #3:**

**Relationship to Applicant:** \_\_\_\_\_

Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Other last name used: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Gender: Female \_\_ Male \_\_

**Are you homeless or are you in immediate danger of becoming homeless if rent or rental deposit assistance is not provided?**

- Yes
- No

**If you are currently homeless, when did you become homeless? Date:** \_\_\_\_\_

How many **times** have you been homeless in the past 3 years? \_\_\_\_\_

**How many months** were you homeless for in the past 3 years? \_\_\_\_\_

When did you first arrive to Sonoma County? \_\_\_\_\_

**How** did you hear about us: \_\_\_\_\_

Are you employed?

- Yes
- No

Name, address, phone number, and current supervisor name of employer \_\_\_\_\_  
\_\_\_\_\_

How many hours a week do you work? \_\_\_\_\_

Current monthly salary \_\_\_\_\_

How long have you been employed with current employer? \_\_\_\_\_

Previous employer and from/to dates employed \_\_\_\_\_

Do you have any other income besides employment income? \_\_\_\_\_

If Yes, how much and from what source? \_\_\_\_\_

**Co-Applicant #4:**

**Relationship to Applicant:** \_\_\_\_\_

Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Other last name used: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Gender: Female \_\_ Male \_\_

**Are you homeless or are you in immediate danger of becoming homeless if rent or rental deposit assistance is not provided?**

- Yes
- No

**If you are currently homeless**, when did you become homeless? Date: \_\_\_\_\_

How many **times** have you been homeless in the past 3 years? \_\_\_\_\_

**How many months** were you homeless for in the past 3 years? \_\_\_\_\_

When did you first arrive to Sonoma County? \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Are you employed?

Yes

No

Name, address, phone number, and current supervisor name of employer \_\_\_\_\_  
\_\_\_\_\_

How many hours a week do you work? \_\_\_\_\_

Current monthly salary \_\_\_\_\_

How long have you been employed with current employer? \_\_\_\_\_

Previous employer and from/to dates employed \_\_\_\_\_

Do you have any other income besides employment income? \_\_\_\_\_

If Yes, how much and from what source? \_\_\_\_\_

**Family Profile:**

Total # of people in Household: \_\_\_\_\_ # of Adults \_\_\_\_\_ # of Children \_\_\_\_\_

**Children:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

**Please answer the following questions**

Have you or has anyone currently in your household received assistance from the Lower River Community Workforce fund in the past?\_\_\_\_\_ **If Yes** when and why:

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Why do you need assistance? Are you applying for rent or rental deposit assistance, or utility assistance? Please explain your circumstances: (Use separate paper if needed)

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Do you have any other alternatives for help? What have you done to try and resolve your situation? Have you made arrangements with your landlord? Applied for other funding? Asked friends/ family for help?

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What will change about your situation after this month that will make you able to pay for your own living expenses moving forward? **Note: It is a requirement for you to receive assistance that you can show that you will be able to afford your rent and utilities moving forward if one-time assistance is granted.**

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**Request for Assistance?**

- Rent
- Deposit
- Utility – please indicate type\_\_\_\_\_

**Total Amount needed: \$ \_\_\_\_\_**

**Breakdown of how much for each item: Rent: \$ \_\_\_\_\_ Rental Deposit: \$ \_\_\_\_\_ Utility: \$ \_\_\_\_\_**

**Amount you have to contribute: \$ \_\_\_\_\_**

**Amount you can get from other sources: \$ \_\_\_\_\_**

**Total amount requested from the Workforce Fund: \$ \_\_\_\_\_**

**PLEASE READ CAREFULLY\*\*\*\*\*YOU MUST ATTACH COPIES and ALL ADULT HOUSEHOLD MEMBERS (or adult members of NEW household if moving) MUST SIGN APPLICATION BELOW\*\*\*\*\* DOCUMENTATION REQUIRED - ATTACH COPIES** of any relevant documents. Examples are valid identification, one recent month's worth of pay stubs or a bank statement showing pay deposits, rental lease agreement, rental application approval letter with pending deposit dollar amounts and date included, delinquent rent and/or notice to vacate if rent is not paid, including dollar amounts and dates, utility bill shut off notice with dollar amounts and shut off date, etc..

Note: Completing application does not guarantee you will qualify for assistance. We will review application and documents and advise you if there is any other information needed within a few days. If you qualify for assistance, we will make every effort to provide funding as soon as possible. If you receive assistance from the Russian River Alliance, you commit to continuing to work as much as possible, and to make every effort to pay all of your living expense bills on time after assistance is received. You commit that you will provide any new contact information throughout the year so as to be reached for follow-up. You acknowledge that the success of the Workforce Fund assistance program has to be measured at the end of the fiscal year in order for the Guerneville Community Alliance and/or Russian River Alliance to seek additional funding for future beneficiaries.

***Please Sign If you agree***

***Applicant: \_\_\_\_\_ Date \_\_\_\_\_***

***Co-Applicant #1: \_\_\_\_\_ Date \_\_\_\_\_***

***Co-Applicant #2: \_\_\_\_\_ Date \_\_\_\_\_***

***Co-Applicant #3: \_\_\_\_\_ Date \_\_\_\_\_***

***Co-Applicant #4: \_\_\_\_\_ Date \_\_\_\_\_***