



6323 Manchester Avenue • Kansas City, Missouri 64133 • Phone: 816.358.6868 • [www.caagkc.org](http://www.caagkc.org)

---

Dear Customer,

This letter is in response to your request for emergency assistance.

Community Action Agency of Greater Kansas City (CAAGKC) provides Supportive Services that stabilize individuals and families in crisis situations. Services include the following: past due rent, first month's rent and security deposit, clothing, car repairs, transportation, food, domestic violence, and medical needs. Before completing the application, please note that all payments will be disbursed via ACH financial accounts. Please check with your property manager to verify the ACH information for the property owner is available. If you are seeking assistance, you will find the following documents enclosed:

- **CAAGKC Acknowledgment and Consent Form**
- **CAAGKC Intake Application** (Family Intake Assessment and Referral Form)
- **Statement of Hardship and Need**
- **Self-Declaration of Zero Income Form**
- **Declaration of Homelessness Form**

**Please keep the following in mind as you complete these forms:**

- Dropoff applications and walk-in inquiries are accepted at our Manchester office located at 6323 Manchester Avenue, Kansas City, MO 64133. Office hours are Monday through Thursday, 8:00 a.m. – 6:00 p.m.
- All information is confidential and will be kept securely within our organization.
- Email us at [directassistance@caagkc.org](mailto:directassistance@caagkc.org) if you have questions about completing these forms.
- Carefully read and complete each form; missing or incomplete information will result in an "Unable to Assist" determination.

**After you have completed and saved the required documents, please notify us via email at [directassistance@caagkc.org](mailto:directassistance@caagkc.org). A CAAGKC staff member will email you a secure link you can use to upload a copy of the required documents and completed application packet.**

Please ensure all required documents are included at the time of submittal. Applications will be reviewed in the order they are received. Again, please note drop-off applications are accepted; however, the process will be delayed or may result in an unable to assist if all required documentation is not received, an incomplete application is submitted, or documentation is unacceptable.

Sincerely,

Lamont Hale  
Director of Programs



6323 Manchester Avenue • Kansas City, Missouri 64133 • Phone: 816.358.6868 • Fax: 816.203.4371  
[www.caagkc.org](http://www.caagkc.org)

---

## Rental Assistance Checklist

All documents must be completed and submitted to CAAGKC before the application can be processed. Incomplete application packets will result in an “Unable to Assist” determination.

### CAAGKC Intake Application (Family Intake Assessment and Referral Form)

- Customer must report gross income for **ALL** household members for the month prior (e.g., if you request assistance in May, report your gross income for the month of April).
- Household gross income cannot exceed 125% of Federal Poverty Guidelines.

### CAAGKC Acknowledgment and Consent Forms

---

#### Statement of Hardship and Need

#### Proof of Current Photo I.D. for all household members age 18+

#### Proof of Social Security card for

---

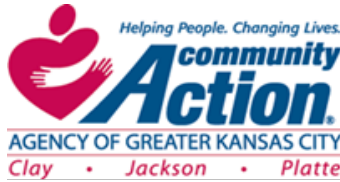
#### Self-Declaration of Zero Income Form *\*only required if an adult household member did not have income in the prior month*

#### Declaration of Homelessness Form *\*only required if applicant is homeless*

#### Proof of residence for applicant (utility bill or government letter dated within last thirty days, addressed to applicant)

### Check this box if you are requesting Rental Assistance

- **A copy of your lease agreement and delinquency notice is required.** Lease agreement must be current (not more than two years old) all pages attached, have the customer’s name on the lease agreement, and show the base rent amount – NO EXCEPTIONS. CAAGKC does not provide assistance with monthly rent for subsidized housing (i.e., Section 8 or Housing Choice voucher programs).
- CAAGKC does not provide assistance for sublet leases or room rent. The lease agreement must be between the customer and the “lessor” (i.e., landlord, property management company, or individual owner of the property).
- Property owner/Mortgage holder must agree to accept payment from CAAGKC on the customer’s behalf; agree to extend housing to the customer for at least 30 days; and submit a current I.R.S. Form W-9 to CAAGKC.
- Assistance requests for first month’s rent/deposit must include a signed lease agreement.



## **Acknowledgment and Consent Forms**

### **CLIENT CONFIDENTIALITY / RELEASE OF INFORMATION ACKNOWLEDGEMENT AGREEMENT**

Under the terms of this Agreement, CLIENT agrees to release to CAAGKC information that is confidential and proprietary to CLIENT - Confidential Information to be used solely for the Agency's related statistics, services and programs. Confidential Information refers to any and all information of a confidential, proprietary, or secret nature which is or may be related in any way to the family, medical records, job history, present or future, of CLIENT or any related data. Confidential Information includes, for example, but not limited to: spouses or other family members, ages, salaries, financial standings, criminal records, medical records and all other pertaining to the family information. CAAGKC will consider all information received from CLIENT to be strictly confidential, as required by the Privacy Act, and subject to the restrictions of this Agreement; except for information that is (i) generally known to the public, (ii) in the possession of CAAGKC before receipt from the CLIENT, (iii) obtained later by the Agency from a third party without restriction on violation of Agreements.

CAAGKC will not disclose CLIENTS Confidential Information to any party without the prior written consent of CLIENT. CAAGKC may, however, disclose Confidential Information to its employees and/or programs but only if the employee has a legitimate need to know and has agreed to terms similar to those in this Agreement. Community Action Agency may also disclose this Confidential Information (i) to medical personnel in an emergency; (ii) to qualified personnel for research, audits, or program evaluation, as long as CLIENT identities are not identified; (iii) to a third party based on court orders; and (iv) to appropriate authorities in cases of suspected child abuse or neglect. CAAGKC will be responsible for any use or disclosure of Confidential Information by any of its employees or agents to third parties who should not share this information.

YES  NO

### **PHOTO, VIDEO, MEDIA RELEASE ACKNOWLEDGEMENT AGREEMENT**

I hereby give Community Action Agency of Greater Kansas City (CAAGKC) permission to interview, videotape, or photograph me with the purpose of using said words or images in the media, in agency publications such as newsletters, brochures, and advertisements, or other printed or broadcast material. I understand that portions of my words, photos, or video may be edited or altered by CAAGKC or the news media without my expressed knowledge or approval. I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for CAAGKC use of any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.

YES  NO

**CUSTOMER GRIEVANCE/COMPLAINT POLICY ACKNOWLEDGEMENT AGREEMENT**

Community Action Agency of Greater Kansas City customers are treated fairly without regard to race, color, sex, national origin/ancestry, religion, disability, veteran status, and any other characteristic protected by applicable affirmation laws. It is our intent to provide professional services to customers who apply for individual programs we administer. If a customer has a grievance/complaint he/she should immediately contact the manager of the program involved for resolution. Contact information will be provided by the Receptionist of CAAGKC.

YES  NO

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CAAGKC Staff Signature

\_\_\_\_\_  
Date

## Family Intake Assessment and Referral Form

### EXPLANATION OF ABBREVIATIONS & TERMS LISTED BELOW:

**REL:** Relationship to Head of Household    **Race:** (B) Black (W) White (AI) American Indian (O) Other (OI) Other Islander (A) Asian

Head of Household Name	REL	Race	Education	Disabled	Insurance	Gender	Social Security #	Date of Birth
1.	SELF		Last Grade Completed:	Yes No	Check all that apply: Medicaid Private Medicare MC+ None			

**Email:**

<b>Home Address</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>	<b>Ethnicity</b>			
		MO		Hispanic/Latino:    Yes    No			
<b>Phone</b>	<b>Housing - Please Check One</b>			<b>Benefits</b>			
	Own	Rent	Homeless	Public Housing	Other	SNAP / Food Stamps:	
	*Has your residence been weatherized?    Yes    No				No	Yes	Amount:

**List all monthly income (before taxes) & sources of income in the household: \$**

Wages	SSI/SSA	TANF	Pension
Unemployment	Child Support	Other Income	

\*Is any member in the household a veteran?    Yes    No

Other Household Member Name	REL	Race	Education	Disabled	Insurance	Gender	Social Security #	Date of Birth
2.			Last Grade Completed:	Yes No	Check all that apply: Medicaid Private Medicare MC+ None			
3.			Last Grade Completed:	Yes No	Check all that apply: Medicaid Private Medicare MC+ None			
4.			Last Grade Completed:	Yes No	Check all that apply: Medicaid Private Medicare MC+ None			
5.			Last Grade Completed:	Yes No	Check all that apply: Medicaid Private Medicare MC+ None			
6.			Last Grade Completed:	Yes No	Check all that apply: Medicaid Private Medicare MC+ None			
7.			Last Grade Completed:	Yes No	Check all that apply: Medicaid Private Medicare MC+ None			

**Do you need help with any of the following? Check all that apply (Yes/No)**

Utilities?	Employment/Education?	Do you have children between the ages of 5-24 years? Would you be interested in our Youth Services Program?    Yes    No
Housing?	Unmet health needs?	
Child Care?	Food Assistance?	<b>Are you currently receiving Child Support Services?</b> (Please check one of the following.)    Yes    No    N/A
Transportation?	Other?	

I understand the information provided is subject to verification and I further realize that falsified or fraudulent information may result in the rejection of my application. I authorize this agency; their agents and employees to receive or provide information for the purpose of completing the application and hereby release the foregoing of and from any liability for services provided. I consent to the release of pertinent information to concerned social service agencies and vendors as necessary to complete services for my household or to provide statistics on emergency assistance or as a guard against duplication of assistance. I hereby authorize my fuel supplier or other vendors related to my household to release information concerning my fuel or other accounts as necessary to ensure timely processing of this application. **I acknowledge, by my verbal consent, the information entered on this form is true and correct to the best of my knowledge.**

<b>Applicant's Signature:</b>	<b>Date:</b>	<b>Staff's Signature:</b>	<b>Date:</b>
-------------------------------	--------------	---------------------------	--------------

<b>OFFICE USE - Please list referrals:</b>	1.	2.
<b>Annual Income:</b>	3.	4.
<b>Monthly Total</b> x    =	5.	6.



## Statement of Hardship and Need

**Date:**

**First Name:**

**Last Name:**

**Case Manager Name:**  
*(if applicable)*

**What type of assistance are you requesting?**

**Clearly and concisely explain the reason(s) for your hardship. What caused you to fall behind (i.e., serious illness, lay-off, permanent or short-term disability)?**



## SELF-DECLARATION OF ZERO INCOME FORM

I certify that I do not receive income from any of the following sources:

- Wages from employment
- Income from operation of a business
- Rental income from real or personal property
- Interest or dividend from assets
- Supplemental Security Income (SSI), Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
- Unemployment or disability payments
- Public assistance payments
- Periodic allowances such as alimony, child support, or gifts from persons not living in my household
- Sales from self-employment resources
- Any other income sources not listed above

I certify that the information presented in this certification is true and correct to the best of my knowledge. I understand that falsified or fraudulent information may result in the rejection of my application. I further understand that by signing this certification and knowingly giving false information constitutes an act of fraud.

Head/Member of Household Name

\_\_\_\_\_  
Head/Member of Household Signature

Date

Staff Signature

Date



## Declaration of Homelessness

**Participant Name (print):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Check the appropriate type of documentation used to verify homelessness and attach it to this worksheet. Maintain all documents in participant file.

Homeless Status	Type of Documentation	Documentation Attached		
Persons living on the street	A signed and dated general certification from an outreach worker verifying that the services are going to homeless persons, and indicates where the persons served reside.	Yes	No	N/A
Persons coming from living on the street (and into a place meant for human habitation)	Staff should provide written information obtained from third party regarding the participant's whereabouts, and then sign and date the statement.	Yes	No	N/A
Persons coming from emergency shelter for homeless persons	Written referral from the external agency.	Yes	No	N/A
Persons coming from transitional housing for homeless persons	Written verifications to include program residency and homeless status prior to program entry.	Yes	No	N/A
Persons coming from a housed-homeless situation	Written verifications to include name, address, phone number and signature of person(s) providing temporary accommodation.	Yes	No	N/A
Persons being evicted from a private dwelling	Documentation of income, efforts to obtain housing, why participant would be on the street, and either documentation of formal eviction proceedings or statement from family evicting participant.	Yes	No	N/A
Persons from a short-term stay in an institution who previously resided on the street or in an emergency shelter	Written verification from the institution's staff that the participant has been residing in the institution for less than 31 days; and information on the previous living situation.	Yes	No	N/A
Persons being discharged from a longer stay in an institution	Written verification from the institution of discharge within one week of receiving homeless assistance AND documentation of income, efforts to obtain housing, and why person would be homeless without assistance.	Yes	No	N/A
Confidential situation	Written, signed and dated verification from the participant.	Yes	No	N/A

**Participant Signature:** \_\_\_\_\_

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

**Staff Signature:** \_\_\_\_\_

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

**Notes:**