CENTRO CAMPESINO FARMWORKER CENTER INC.

www.centrocampesino.org

ASSISTENCIA DE HOGAR
LISTA DE PRE-APLICACIÓN

Conforme a su solicitud, adjunto encontrará la aplicación de asistencia de vivienda. Los siguientes documentos son requeridos para completar su solicitud. Solicitudes tienen que ser enviadas por correo, **no se aceptarán por fax.** **Todas las aplicaciones serán procesadas basado a las reglas del programa.**

Por favor no enviar documentos originales, ocupamos fotocopias para mantenerlas con su expediente:

- Identificación (Licencia de conducir o identificación del estado de la Florida) de todos los adultos en el hogar.
- Fotocopias de seguros sociales **de cada persona** que vive en el hogar.
- Forma autorizando a nuestra agencia para coleccionar su información sobre su seguro social (firme y regrese).
- La Póliza de Privacidad (firme y regrese).
- Comprobante de todos los tipos de ingresos que recibe la familia:

_ Empleo = Copias de **4** talones de cheques más recientes que demuestre lo que ha ganado hasta la fecha
_ Manutención de los hijos = documentos del tribunal/ copias de historial de pago
_ Seguro Social = Carta indicando beneficios de Seguro Social /2018
_ Desempleo = Carta de los beneficios de desempleo
_ Pensión = Comprobante de sus beneficios de pensión
_ Trabajadores de Cuenta Propia = declaración de Impuestos Incluyendo la forma C
_ Asistencia Temporal a Familias Necesitadas (TANF)

Si usted o miembro del hogar esta deshabilitado, es requerido demostrar su comprobante.

- Comprobante que usted es propietario de la vivienda. Documentos que pueden utilizar son: Factura de sus impuestos, Homestead Exemption o escrituras de su casa, registración si es una casa móvil. No se aceptarán los documentos de su hipoteca o comprobante de su seguro de casa como comprobante de que usted es propietario. Si está rentando, el propietario tiene que estar de acuerdo en participar y firmar la forma titulada Landlord Agreement Form y el dueño debe presentar comprobante que es propietario del hogar.
- Copia de su más reciente factura de la luz. Favor de no enviar recibos.

En cuanto su solicitud haya sido llenada y los documentos requeridos hayan sido agregados a su aplicación, **por favor de enviarlos a nuestra oficina principal por correo al:**

Centro Campesino Farmworker Center, Inc.
C/O Marixa Figueroa
P.O. Box 343449
Florida City, FL 33034

Si tiene alguna pregunta, por favor de llamar a Marixa Figueroa al (305) 245-7738 Ext. 236

Main Office
35801 SW 186 Ave
Florida City, Florida 33034
Mail To: PO Box 343449
Tel: 305-245-7738
Fax: 305-245-0078

NeighborWorks® CHARTERED MEMBER

CENTRO CAMPESINO FARMWORKER CENTER INC.

** POR FAVOR DE ENVIAR SOLICITUDES COMPLETAS A:
CENTRO CAMPESINO FARMWORKER CENTER,INC.
C/O Marixa Figueroa
PO BOX 343449
FLORIDA CITY, FL 33034

PRE-APLICACIÓN

NOMBRE: _____ # DE SEGURO SOCIAL (últimos 4 números) _____

DE TELEFONO: _____ NUMERO DE TELEFONO ALTERNATIVO: _____

DIRECCION: _____ CIUDAD: _____ CODIGO POSTAL: _____

DIRECCION DONDE RECIBE CORREO: _____ CIUDAD: _____ CODIGO POSTAL: _____

CONDADO: _____ ¿ES USTED UN VETARANO? SI_____ NO_____

TRABAJADOR AGRICOLA: SI_____ NO_____ EDAD: _____ FECHA DE NACIMIENTO: _____

NUMERO TOTAL DE PERSONAS EN EL HOGAR: _____ GENERO: MASCULINO: _____ FEMENINO: _____

MIEMBROS DEL HOGAR	FECHA DE NACIMIENTO Y EDAD
1.	
2.	
3.	
4.	
5.	

RAZA:

____ NEGRO / AFRO AMERICANO ____ BLANCO ____ NATIVO AMERICANO

____ HISPANO / LATINO ____ ASIATICO ____ OTRO:(**FAVOR ESPECIFIQUE**): _____

TIPO DE HOGAR (SELECCIONE UNO):

____ PROPIETARIO

____**MOBILE** _____ **CASA** _____ **MOBILE**

____ **INQUILINO** _____ **CASA** _____ **MOBILE**

_____**PIES QT.** _____**Año de Construccion**

INDIQUE # DE MIEMBROS FAMILIARES CON LAS SIGUIENTES CHARACTERISTICAS:

_____ PERSONAS MAYORES (**60 años o más**)

_____ DESABILITADO **(es requerido enviar comprobante)**

_____ NIÑOS **(menores de 0 a 12 años)**

CANTIDAD TOTAL DE SU CUENTA DE LUZ MESNSUALES: $ _____

NOBRE DE SU COMPANIA DE LUZ: _____ **NUMERO DE CUENTA:** _____

¿USTED HA SIDO REFERIDO POR EL PROGRAMA DE LIHEAP? _____ **SI** _____ **NO**

Por favor ponga sus iniciales:

_____ **Entiendo que esta es la solicitud inicial y que, para poder completar el proceso, se requiere enviar fotocopias de la identificación y seguro social de la persona considerada cabeza de hogar, seguros sociales de cada persona que vive dentro del hogar, comprobante de pago o ingreso de cada una de las personas que trabajan en el hogar, comprobante o certificado de discapacidad si alguien en mi hogar esta deshabilitado, y copia del último recibo o factura de luz.**

_____ **Yo comprendo que se dará cierta prioridad para recibir los servicios y el lugar en el que estoy en la lista puede ser modificado dependiendo el puntaje de las otras aplicaciones, El puntaje total mío, puede ser ajustado o cambiado basado en los documentos revisados por la agencia.**

X_____ _____

FIRMA DE CLIENTE **FECHA**

POR FAVOR AGREGUE SU INGRESO ANNUAL EN BRUTO

EMPLEO $ _____ RETIRO/PENSION $ _____ SEGURO SOCIAL $ _____ DESEMPLEO $ _____

T.A.N.F. $ _____ INGRESO SUPLEMENTARIO (SSI) $ _____ OTRO $ _____

INGRESO TOTAL DE LA FAMILIA $ _____

Centro Campesino Farmworker Center, Inc.

CENTRO CAMPESINO FARMWORKER CENTER INC.

NOTICE REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS WEATHERIZATION ASSISTANCE PROGRAM

The following disclosure is being made pursuant to section 119.071(5), Florida Statutes.

Social security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under the Weatherization Assistance Program. This information is not required by state or federal law; however, social security numbers are necessary to determine eligibility for program services and specifically for the following purposes:

1. To verify an applicant's identity.
2. To verify household size.

A social security number collected pursuant to this notice can only be used by Centro Campesino Farmworker Center, Inc. (subgrantee) for the purposes specified above.

Nondisclosure except under limited circumstances.
Social security numbers will not be disclosed to others unless required or authorized by Florida law. Section 119.071(5), Florida Statutes, allows disclosure of a person's social security number under the following specific, limited circumstances:

- If disclosure is expressly required by federal or Florida law or is necessary for the agency or governmental entity to perform its duties and responsibilities;
- If the individual expressly consents to disclosure in writing;
- If disclosure is made to prevent and combat terrorism pursuant to the U.S. Patriot Act of 2001 or Presidential Executive Order 13224 (blocking property and prohibiting business transactions with persons who commit, threaten to commit, or support terrorism);
- For an agency employee and dependents, if disclosure is necessary to administer the person's health benefits or pension plan funds; or
- If disclosure is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.
- If disclosure is requested by a commercial entity for permissible uses under the federal Driver's Privacy Protection Act of 1994, the federal Fair Credit Reporting Act, or the federal Financial Services Modernization Act of 1999 (for example, to verify the accuracy of personal information provided by the individual to the commercial entity; use by an insurer in connection with claims investigation or anti-fraud activities; for use in connection with a credit transaction).

Acknowledgment of Receipt of Notice
I confirm that I have been provided a copy of this Notice regarding the collection of my social security number and the social security numbers of all household occupants as part of the application process for the Florida Weatherization Assistance Program.

_____ _____

Date Applicant's Signature

PRIVACY POLICY FOR CLIENTS OF THE YOUTH SERVICES, O.P.E.N.D.O.O.R.S, EMERGENCY ASSISTANCE AND WEATHERIZATION ASSISTANCE PROGRAM DEPARTMENTS OF CENTRO CAMPESINO FARMWORKER CENTER, INC.

Centro Campesino Farmworker Center, Inc. (CCFC) values your trust and is committed to the responsible management, use and protection of personal identifiable information.

During the course of your application and participation for services from our agency, we accumulate non-public personal information from your intake form as well as other sources such as your income and assets in order to make informed decision about your eligibility. We restrict access to non-public information about you to employees determining your eligibility and /or processing documents related to your request for services. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your non-public personal information.

We collect non-public personal information about you from the following sources: (i) information we receive from you on our personal intake form (ii) other agencies or affiliates, and (iii) government agencies or programs which have provided services to you.

In order to assist you and/or meet our grant guidelines we may disclose the following kinds of non-public personal information about you (i) information we receive from you on our personal intake form or other forms such as your name, address, assets and income (ii) information about your transaction with us and our affiliates.

We may disclose non-public personal information about you to the following types of third parties:

- Affiliated Agencies
- Others such as nonprofit organizations or government agencies who provide funding and/or monitor our compliance with grants and regulatory guidelines.

Non-affiliated parties are entities that are not owned or controlled, in whole or in part, nor are they subsidiaries of Centro Campesino Farmworker Center, Inc. However, these third party entities are essential to Centro Campesino Farmworker Center, Inc.'s ability to provide services to you.

I am signing here to acknowledge receipt of the above Privacy Policy.

_____ _____

Applicant Signature Date Co-Applicant Signature Date

If you prefer that we do not disclose non-public personal information about you to non-affiliated third parties, except as required by law, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures required by law). If you wish to opt out of disclosures to non-affiliated third parties, sign the space below.

I wish to opt-out of this disclosure described above.

_____ _____

Applicant Signature Date Co-Applicant Signature Date

Updated and Approved by CCFC Board of Directors, 12/14/2013