



Application for Assistance



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Family or Individual
Application

New or Returning
Client

Personal Information

Full Name:

Address:

City:

State:

Phone Number:

Email Address:

Eligibility

Are you a U.S. citizen or qualified noncitizen
residing in Maricopa County Arizona?

☐ Yes

☐ No

☐ Yes

☐ No

Are you homeless or at risk of becoming homeless ?

What is your annual
household gross income
(before taxes and
deductions)?

What is your household size?

Assistance Needed

Emergency Food ☐

Bus Passes ☐

One Time Utility Payment ☐

Hygiene Kits ☐

School Supplies ☐

Referrals ☐

Gently Used Clothes/Shoes ☐

Applicant's Declaration

I certify that the information provided is true.

Signature

Date