

OSCARSS Process for Applicants

Applying for CSD Services in OSCARSS

Read and agree to Informed Consent and Release of Information

CMIS Informed Consent and ... x

Palm Beach County Continuum of Care Informed Consent and Release of Information

The Client Management Information System (CMIS) allows sharing of client information for the provision of services in Palm Beach County through the networked infrastructure that establishes electronic communication among Member Agencies. Participation in the CMIS enables the collection and sharing of unduplicated countywide aggregated data on homeless service delivery. The CMIS provides a standardized assessment of client needs, supports the creation of individualized service plans, and records the use of housing and other related services.

I understand that my data will be shared with the Partnering Agencies of the CMIS network.

- CMIS is a database which allows partnering agencies to capture and share information about the individuals they serve
- This information will help you access the appropriate resources to better meet your needs
- It will help you save time should you access services from another member agency
- Only authorized Staff in the CMIS System can access your data
- All information entered into this database is stored securely to protect your data from unauthorized access
- Non Identifying information is used to provide reports for various funding agencies
- All information entered into the database will be maintained for an indefinite timeframe
- I may request an oral or written explanation of this information prior to accepting these terms
- The acceptance of this Agreement will be good for One Year from Date of Acceptance unless terminated by me

I hereby grant permission for and authorize the release of any information regarding myself and all household members entered into this database to CMIS Agencies

Agree

Read and agree to Notice Regarding the Collection of Social Security Numbers

SSN Release Form

Palm Beach County Notice Regarding Collection of Social Security Numbers

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 grants and programs operated by Palm Beach County, Community Services Department.

Used To:

1. Verify an applicant's identity.
2. Verify household size.
3. Verify household income.

A social security number collected pursuant to this notice can only be used by the Florida Department of Economic Opportunity and Palm Beach County Community Services Department for the purposes specified above.

- I may request an oral or written explanation of this information prior to accepting these terms
- The acceptance of this Agreement will be good for One Year from Date of Acceptance unless terminated by me

I hereby grant permission for and authorize the release of Social Security Numbers regarding myself and all household members entered into this database to Palm Beach County Community Services

Agree

**This release will
be good for one
year.**

Applicants can select “Apply for Services” to apply for each or all available services.

The screenshot shows a web browser window with the following elements:

- Browser Tab:** Home
- Page Header:** Palm Beach County Community Services, Helping People Build Better Communities. Includes links for Test Rent, a settings gear icon, and Logout.
- Buttons:** A dark blue button labeled "Apply for services" is centered above the search area.
- Search Section:** A dark blue header labeled "Search" is above a white input area. It contains "From *" with a date field containing "12/6/20", "To *" with a date field containing "12/06/20", a "Get Client Activity" button, and a "Clear" button.
- Clients Section:** A dark blue header labeled "Clients" is above an empty white table area.

Applicants can see their activities for the past year.

A list of available services will appear. Select the services you need.

The screenshot shows a web browser window with the following elements:

- Browser Tab:** Needs
- Page Header:** Palm Beach County Community Services, Helping People Build Better Communities. User: Test Rent (testrent@davis.com). Navigation: Home, Logout.
- Section Header:** Service(s)
- Form Title:** Service(s) provided by Community Services
- Form Content:** A table with four rows, each containing a service name and a checkbox.
- Buttons:** Cancel and Next.

Service(s) provided by Community Services	
Paying my Electricity Bill	<input type="checkbox"/>
Paying my Gas Bill	<input type="checkbox"/>
Paying my Rent	<input type="checkbox"/>
Paying my Water Bill	<input type="checkbox"/>

A new application will open.

ation x

Palm Beach County Community Services
Helping People Build Better Communities

Test Rent (testrent@davis.com) Home

New Application

Applying for: * Self Others

Person to Receive Services ZIP Code: *

I am Parent of Client(Minor): * Parent Legal POA

I am Legal Guardian:

I have Power of Attorney (POA):

Expiration Date:

Expiration Date:

Person to Receive Service Details

First Name: *	<input type="text" value="Test"/>	Middle Initials:	<input type="text"/>	Last Name: *	<input type="text" value="Rent"/>
Date of Birth: *	<input type="text" value="01/01/1966"/>	Gender: *	<input type="text" value="Male"/> <input type="checkbox"/>	SSN : *	<input type="text" value="010-11-9661"/>

Applicants can apply for themselves or another person. Legal guardians and anyone with Power of Attorney can also apply for their charges.

The applicant will start by entering information about the person receiving the services.

New Application

 **Palm Beach County Community Services**
Helping People Build Better Communities

Test Rent (testrent@davis.com) Home Logout

Person to Receive Services ZIP Code:*

I am Parent of Client(Minor):*

Parent Legal POA

I am Legal Guardian: Expiration Date:

I have Power of Attorney (POA): Expiration Date:

Person to Receive Service Details

First Name: *	Test	Middle Initials:		Last Name: *	Rent
Date of Birth: *	01/01/1966	Gender: *	Male <input checked="" type="checkbox"/>	SSN : *	010-11-9661

Cancel Next

Any missed details will appear in red.

New Application

Applying for: * Self Others

Person to Receive Services ZIP Code: * Zipcode is Required

I am Parent of Client(Minor): * Parent Legal POA

I am Legal Guardian: Expiration Date:

I have Power of Attorney (POA): Expiration Date:

Person to Receive Service Details			
First Name: *	<input type="text" value="Test"/>	Middle Initials:	<input type="text"/>
Date of Birth: *	<input type="text" value="01/01/1966"/>	Last Name: *	<input type="text" value="Rent"/>
Gender: *	<input type="text" value="Male"/>	SSN : *	<input type="text" value="010-11-9661"/>

The application then goes along several tabs.

The screenshot displays the 'Personal Detail' tab of a web application. The header includes the Palm Beach County logo and navigation links for 'Personal Information', 'Address Information', 'Household Information', 'Household Relationship', 'Income', 'Employment Details', 'Assets', 'Expenses', 'Additional Information', 'Eligibility Outcome', 'Documents', and 'Review Application'. The 'Expenses' tab is highlighted with a red arrow. The main content area shows a form with the following fields: First Name (Test), Middle Initial, Last Name (Rent), DOB (01/01/1966), Gender (Male), SSN (masked), and Primary Contact Phone. An 'Edit Details' link is visible next to the form.

1. Personal Information
2. Address Information
3. Household Information
4. Household Relationship
5. Income
6. Employment Details
7. Assets
8. Expenses
9. Additional Information
10. Eligibility Outcome
11. Documents
12. Review Application

Personal Details continued. Complete personal details about yourself.

Personal Details

Education Level:

Race:

Ethnicity(Hispanic): Yes No

Migrant Worker: Yes No

Foster Care: Yes No

Marital Status:

Family Type:

Homeless: Yes No

Housing Type:

Provide additional household members not counting yourself: Household members you are responsible.

Previous

Next

Complete Address Information. You can also check to ensure your address is correct.

Address Information

Residential Address

Homeless: [Palm Beach County Property Appraiser](#)

Address:* 16366 127th Drive N City:* JUPITER

Apt/Unit: Unit No: Bldg/Firm:

State:* FL ZIP Code:* 33478

Mailing Address

Same as Residential Address

Address: City:

Apt/Unit: Unit No: Bldg/Firm:

You can now search the Property Appraiser's Office

The system will take you directly to Property Appraiser's website to check the address or obtain the owner's name. .

The screenshot shows a web browser window with two tabs: "Personal Details" and "Property Appraiser, Palm Bea...". The website header includes a font size adjustment tool (ADJUST FONT SIZE: + - RESET) and a "Website Search" input field. The main navigation menu contains: Home, Searches ▾, Homestead Exemption ▾, Departments ▾, Forms ▾, Tools ▾, How Do I ▾, and Learn More ▾. The search results area shows a "Back to Search" link and a message: "No Results matched your search criteria. Please modify your search and try again." Below this is another "Back to Search" link. The footer contains icons and text for HOME, CONTACT US, and RECORDS CUSTODIAN. A disclaimer is provided at the bottom, and a small upward arrow icon is visible in the bottom right corner.

Personal Details Property Appraiser, Palm Bea... x

ADJUST FONT SIZE: + - RESET Website Search

 **DOROTHY JACKS**
CFA, AAS
Palm Beach County Property Appraiser
We Value What You Value



Home Searches ▾ Homestead Exemption ▾ Departments ▾ Forms ▾ Tools ▾ How Do I ▾ Learn More ▾

Back to Search 25 ▾ per page

No Results matched your search criteria. Please modify your search and try again.

Back to Search 25 ▾ per page

 HOME  CONTACT US  RECORDS CUSTODIAN

Disclaimer: The information contained herein is for ad valorem tax assessment purposes only. The Property Appraiser exercises strict auditing procedures to ensure validity of any transaction received and posted by this office, but cannot be responsible for errors or omissions in the information received from external sources. Due to the elapsed time between transactions in the marketplace, and the time that those transactions are received from the public and/or other jurisdictions, some transactions will not be reflected. Information collected at this site, including em addresses, becomes public record and may be subject to inspection and copy by the public unless prohibited by exception or exemption in the law.

This site is designed to work best with the Internet Explorer 10 or higher and other proprietary browsers like Google Chrome, Mozilla Firefox and Safari. Please contact us if you need additional

Complete Household Details for additional Household Members.

Household Details

 **Palm Beach County Community Services**
Helping People Build Better Communities

Application #: 32120 | Test Rent (testrent@davis.com) | Home | Logout

Personal Information | Address Information | **Household Information** | Household Relationship | Income | Employment Details | Assets | Expenses | Additional Information | Eligibility Outcome | Documents | Review Application

Household Details (Additional Household Members - Exclude Yourself)

Test Rent DOB:01/01/1966 is already in system.



Details

First Name*	M.I.	Last Name*	DOB*	SSN*	Gender*	Education*	Delete
<input type="text"/>							

Previous

Next

Complete the Relationship to Head of Household information.

Household Details

 **Palm Beach County Community Services**
Helping People Build Better Communities

Application #: 32120 | Test Rent (testrent@davis.com) | Home | Logout

Personal Information | Address Information | Household Information | **Household Relationship** | Income | Employment Details | Assets | Expenses | Additional Information | Eligibility Outcome | Documents | Review Application

Relationship to Head of Household

Details

Name	Age	US Citizen Legal Alien *	Relationship Head of Household *	Veteran	Disabled	Non Custodial Parent	Court Ordered Child Support Amt.	Voluntary Child Support Amt.	Comments
Test Rent	54	<input type="checkbox"/> Y <input type="checkbox"/> N	Self <input checked="" type="radio"/> <input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Bobby Proud	1	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="radio"/> <input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		213.4	\$0.0	

Previous Next

Applicants will need to enter Child support information

Household Income: All current income sources must be reported for every household member that receives income.

Household Income

Personal Information | Address Information | Household Information | Household Relationship | **Income** | Employment Details | Assets | Expenses | Additional Information | Eligibility Outcome | Documents | Review Application

Household Income

PLEASE NOTE: It is important to answer all questions regarding your income sources (current and pending). Some program funds used to assist clients require that the client have the financial ability to maintain the same level of service(s) after receiving assistance. This will help us to make the best appointment decision for your needs!

Client Seq	Name	Income Total		
84239	Test Rent	\$0.00	View/Edit Income	
84240	Bobby Proud	\$0.00	View/Edit Income	
Total Household Income:				

No Income

[Previous](#) [Next](#)

Select View/Edit Income to enter income information.

When View/Edit is selected, a new income screen will open.

Income	Amount
Description	Amount
Military Disability Income X	<input type="text" value="\$0.00"/> 
Social Security Disability Insurance X	<input type="text" value="\$0.00"/> 
Supplemental Security Income (SSI) X	<input type="text" value="\$0.00"/> 
Veteran's Benefits X	<input type="text" value="\$0.00"/> 
Social Security Retirement Benefits X	<input type="text" value="\$0.00"/> 
Social Security Widow's Benefits X	<input type="text" value="\$0.00"/> 
Social Security Survivor's Benefits X	<input type="text" value="\$0.00"/> 

The system will calculate income for the applicant.

The screenshot displays a web application interface for income calculation. A modal window titled "Income Conversion: Employment Income Wages X" is open, allowing users to input details for a specific income source. The background shows a table with columns for "Description" and "Amount".

Income Conversion: Employment Income Wages X [Close]

i This calculator assumes 52 working weeks per year in its calculations.

Fixed Income Variable Income

Fixed Income ?

Gross Amount	per	Frequency	Annual Income
<input type="text" value="\$256.00"/>		<input type="text" value="Weekly"/> <input type="button" value="v"/>	<input type="text" value="\$13,312.00"/>

Hours per Week:

Days per Week:

Description	Amount
Private Retirement/Pension X	<input type="text" value="\$0.00"/>
Employment Income Wages X	<input type="text" value="\$0.00"/>
Self-Employment Income X	<input type="text" value="\$0.00"/>
Food Stamps X	<input type="text" value="\$0.00"/>
Adoption Subsidy X	<input type="text" value="\$0.00"/>
Foster Payment X	<input type="text" value="\$0.00"/>
Other X	<input type="text" value="\$0.00"/>

Total Income is calculated and shows at the bottom of the screen.

Self-Employment Income X	<input type="text" value="\$0.00"/>
Food Stamps X	<input type="text" value="\$2,256.00"/>
Adoption Subsidy X	<input type="text" value="\$0.00"/>
Foster Payment X	<input type="text" value="\$0.00"/>
Other X	<input type="text" value="\$0.00"/>
Total Income: \$15,568.00	

Close

Income will then show on the Household Income screen.

Personal Information | Address Information | Household Information | Household Relationship | **Income** | Employment Details | Assets | Expenses | Additional Information | Eligibility Outcome | Documents | Review Application

Household Income

PLEASE NOTE: It is important to answer all questions regarding your income sources (current and pending). Some program funds used to assist clients require that the client have the financial ability to maintain the same level of service(s) after receiving assistance. This will help us to make the best appointment decision for your needs!

Household Income

Client Seq	Name	Income Total		
84239	Test Rent	\$15,568.00	View/Edit Income	
84240	Bobby Proud	\$0.00	View/Edit Income	
Total Household Income:				

No Income

[Previous](#) [Next](#)

If the applicant needs to change or delete income, they can go back to View/Edit.

Unemployment Income X	<input type="text"/>
Private Retirement/Pension Benefits X	<input type="text" value="\$0.00"/>
Employment Income Wages X	<input type="text" value="\$13,312.00"/>
Self-Employment Income X	<input type="text" value="\$0.00"/>
Food Stamps X	<input type="text" value="\$2,256.00"/>
Adoption Subsidy X	<input type="text" value="\$0.00"/>
Foster Payment X	<input type="text" value="\$0.00"/>
Other X	<input type="text" value="\$0.00"/>
Child Support X	<input type="text" value="\$0.00"/>

Employment Details need to be entered.

Employment Details

Employment History for Test Rent (54)

Zero Income Employment Details

Job Title	Employer Name	Start Date	End Date	Address	Reason for Leaving	Action
No Employment Information						

[+ Add New](#)

Previous

Next

New Employment Details for Test Rent

Job Title:*

Start Date:* End Date:

Employer:*

Address:

City:

State:

ZIP Code:

Phone:

Reason for leaving:

[Cancel](#) [Save](#)

Household Assets can be entered.



- Personal Information
- Address Information
- Household Information
- Household Relationship
- Income
- Employment Details
- Assets**
- Expenses
- Additional Information
- Eligibility Outcome
- Documents
- Review Application

Household Assets

Asset Type (Annual)	Household Assets
Income Tax Refunds	<input type="text" value="\$0.00"/>
Checking Account Balance	<input type="text" value="\$50.00 x"/>
Savings Account Balance	<input type="text" value="\$0.00"/>
Stocks	<input type="text" value="\$0.00"/>
Bonds	<input type="text" value="\$0.00"/>
Homestead Property	<input type="text" value="\$0.00"/>
Non Homestead Property	<input type="text" value="\$0.00"/>
Other Assets	<input type="text" value="\$0.00"/>
Annual Total:	\$0.00

Total Household Assets: \$0.00

Previous

Next

Household Expenses can also be entered.



- Personal Information
- Address Information
- Household Information
- Household Relationship
- Income
- Employment Details
- Assets
- Expenses**
- Additional Information
- Eligibility Outcome
- Documents
- Review Application

Household Expenses

Expense Type (Annual)	Household Expense
Food	<input type="text" value="\$0.00"/>
Housing	<input type="text" value="\$0.00"/>
Utilities: Water	<input type="text" value="\$0.00"/>
Utilities: Electricity	<input type="text" value="\$0.00"/>
Utilities: Gas	<input type="text" value="\$0.00"/>
Transportation	<input type="text" value="\$0.00"/>
Monthly Car Payment	<input type="text" value="\$0.00"/>
Child Care	<input type="text" value="\$0.00"/>
Other Expenses	<input type="text" value="\$0.00"/>
Annual Total:	\$0.00

Total Household Expense: \$0.00

Additional Information regarding the services are then requested. Please answer all questions.

Additional Information x [icon]

Information Information Information Relationship Details **Information** Outcome Application

Additional Information

*** Required**

i More information is available on specific question(s)

Paying my Rent

Are you Current with your Rent Payments, or did you receive a Late Notice or an Eviction Notice for non-payment? *

What is the Reason for your Crisis? *

Are you currently receiving Section 8 or any Federal Housing Subsidies?*

Did you have any Income last month?*

Did your wages terminate within the last 3 months?*

Do you Rent or Own the home in which you live? *

Do you have Auto Insurance?*

Do you have HCD Insurance?*

Additional questions

formation x 

Do you have Health Insurance? *

Do you Receive Food Stamps? *

Do you have Medicaid Insurance? *

Do you have Medicare Insurance? *

Do you have Private Insurance? *

Do you have Self Insurance? *

Do you pay Child Support? *

What is your Child Care Status? *

What is your Education Status? *

What is your Employment Status? *

What is your Housing Status? *

What is your Income Status? *

What is your Transportation Status? *

What is your Household Type? *

mation x 

What is your Transportation Status? *

What is your Household Type? *

What is your Landlord's Name? (Landlord name, or apartment complex, or management company) *

What is your Landlord's Address? *

What is your Landlord's Email Address? *

What is your Landlord's Phone Number? *

What is your Monthly Rent Amount? *

What is the Rent Due Date? *

What is the Rental Period Start Date? *

What is the Rental Period End Date? *

What is your Rent Amount Due? *

Do you have a Child 5 or under, a Senior 60+, or a Disabled Person in the household? *

Do you have an eviction notice? *

Many of the questions have drop downs with answer choices.

*** Required**
More information is available on specific question(s)

Paying my Rent

Are you Current with your Rent Payments, or did you receive a Late Notice or an Eviction Notice for non-payment? *

What is the Reason for your Crisis? *

Are you currently receiving Section 8 or any Federal Housing Subsidies?*

Did you have any Income last month?*

Did your wages terminate within the last 3 months?*

Do you Rent or Own the home in which you live? *

Do you have Auto Insurance?*

Do you have HCD Insurance?*

Do you have Life Insurance?*

Do you have a pending SSI/SSD Benefits Case?*

- Late Notice
- Eviction Notice
- Rent Not Due Yet

*** Required**
More information is available on specific question(s)

Paying my Rent

Are you Current with your Rent Payments, or did you receive a Late Notice or an Eviction Notice for non-payment? *

What is the Reason for your Crisis? *

Are you currently receiving Section 8 or any Federal Housing Subsidies?*

Did you have any Income last month?*

Did your wages terminate within the last 3 months?*

Do you Rent or Own the home in which you live? *

Do you have Auto Insurance?*

Do you have HCD Insurance?*

Do you have Life Insurance?*

- Eviction Notice
- Absent Household Member
- Car Repairs
- Bereavement Expenses
- Income Changed
- Lost Job
- Medical Expenses
- HEA Only - No Crisis
- Personal Family Expenses
- School Expenses
- Seasonal Worker
- Money Stolen
- Weather Expenses
- Income Delayed
- N/A
- COVID-19 Related

Based on the information provided, OSCARSS will provide the applicant with an Eligibility Outcome.

 **Palm Beach County Community Services** *Helping People Build Better Communities* Application #: 32120 | Test Rent (testrent@davis.com) | Home | Logout

Personal Information | Address Information | Household Information | Household Relationship | Income | Employment Details | Assets | Expenses | Additional Information | **Eligibility Outcome** | Documents | Review Application

Eligibility Outcome

Application Outcome Print

Note: According to the information provided, eligibility results for each service selected are listed below

Paying my Rent	<input checked="" type="checkbox"/> Based on the information provided, you may be eligible for this service
----------------	--

Previous

Next

Now applicants will need to add Supporting Documents based on the requested services.

Information Information Information Relationship Details Information Outcome **Application** Application

Supporting Documents

Details

i NOTE: All Documents are Required to be Uploaded Prior to Submitting your COVID-19 Application. Each Page is automatically Saved as you go Next, Edit is available until your Application is Submitted.
Missing Documents in Red.

Please Upload Documents for Every Household Member:

Doc Type	View	File Description	Expire Date	Upload	Delete
Late or 3-5 day Eviction Notice				<input type="button" value="Upload"/>	
Rental Lease Agreement				<input type="button" value="Upload"/>	

Documents will need to be uploaded for each person on the application.

Supporting Documents

Details

NOTE: All Documents are Required to be Uploaded Prior to Submitting your COVID-19 Application. Each Page is automatically Saved as you go Next, Edit is available until your Application is Submitted.

Missing Documents in Red.

Please Upload Documents for Every Household Member:

Doc Type	View	File Description	Expire Date	Upload	Delete
Birth Certificate				Upload	
Social Security Card (or government document with SSN)				Upload	

Previous Next

The household member can be selected from the drop-down menu.

An application review will reveal any missing information.

 **Palm Beach County Community Services**
Helping People Build Better Communities

Application #: 32120 | Test Rent (testrent@davis.com) | Home | Logout

Personal Information | Address Information | Household Information | Household Relationship | Income | Employment Details | Assets | Expenses | Additional Information | Eligibility Outcome | Documents | **Review Application**

Application Review

 Personal Details [Edit](#)

First Name:	Test	Homeless:	No
Middle Initial:		Residential Address:	16366 127th Drive N JUPITER FL 33478
Last Name:	Rent	Mailing Address:	16366 127th Drive N JUPITER FL 33478
Date of Birth:	01/01/1966	Home Phone:	561-777-9311
Race:	Asian	Cell Phone:	561-777-9322
Gender:	Male	Foster Care:	No
SSN (Last Four Digits):	010119661	Marital Status:	Single

Any missing documents will show in red.

Supporting Documents		
		Edit
Documents for This Application		
Document Type	File Description	View
Late or 3-5 day Eviction Notice	BalanceStatementforVeronicaHazel.pdf	View
Rental Lease Agreement	218Sparrow22020lease.pdf	View
Documents for Test Rent, Applicant Age: 54		
Document Type	File Description	View
30 Consecutive Days to 3 Months of Check Stubs		
Food Stamps Benefits Letter		
Social Security Card (or government document with SSN)		
Valid Government Issued ID		
Documents for Bobby Proud, Son Age: 1		
Document Type	File Description	View
Birth Certificate		

Documents are requested based on the answered questions in the application.

Details

NOTE: All Documents are Required to be Uploaded Prior to Submitting your COVID-19 Application. Each Page is automatically Saved as you go Next, Edit is available until your Application is Submitted.
Missing Documents in Red.

Please Upload Documents for Every Household Member:

Doc Type	View	File Description	Expire Date	Upload	Delete
30 Consecutive Days to 3 Months of Check Stubs	View	Payslip02_14_2020lgwe.pdf		<input type="button" value="Upload"/>	<input type="button" value="Delete"/>
Food Stamps Benefits Letter	View	Payslip02_28_2020lgwe.pdf		<input type="button" value="Upload"/>	<input type="button" value="Delete"/>
Social Security Card (or government document with SSN)	View	CalusteSSCard.pdf		<input type="button" value="Upload"/>	<input type="button" value="Delete"/>
Valid Government Issued ID	View	S██████████ ID.pdf	12/23/2023	<input type="button" value="Upload"/>	<input type="button" value="Delete"/>

Applicant must check that they understand that they are applying for Emergency Assistance.

Documents for Test Rent, Applicant Age: 54		
Document Type	File Description	View
30 Consecutive Days to 3 Months of Check Stubs	Payslip02_14_2020lgwe.pdf	View
Food Stamps Benefits Letter	Payslip02_28_2020lgwe.pdf	View
Social Security Card (or government document with SSN)	CalusteSSCard.pdf	View
Valid Government Issued ID	[REDACTED]	View

Documents for Bobby Proud, Son Age: 1		
Document Type	File Description	View
Birth Certificate	DentFPLbillJune.pdf	View
Social Security Card (or government document with SSN)	Gabrielbill.pdf	View

* I understand that I am applying for Emergency Assistance

Print Name: *

Test Rent



Previous

Submit

Print



Application is Submitted Successfully.

Application Review

Documents for Test Rent, Applicant Age: 54

Document Type	File Description	View
30 Consecutive Days to 3 Months of Check Stubs	Payslip02_14_2020lgwe.pdf	View
Food Stamps Benefits Letter	Payslip02_28_2020lgwe.pdf	View
Social Security Card (or government document with SSN)	CalusteSSCard.pdf	View
Valid Government Issued ID	████████████████.pdf	View

Documents for Bobby Proud, Son Age: 1

Document Type	File Description	View
Birth Certificate	DentFPLbilljune.pdf	View
Social Security Card (or government document with SSN)	Gabrielbill.pdf	View

* I understand that I am applying for Emergency Assistance

Print Name: *

Test Rent

Application submitted successfully.

