CENTRAL MISSOURI COMMUNITY ACTION

A COMMUNITY ACTION AGENCY

HOUSING TRUST FUND PROGRAM SUMMARY OF NEED

I, _____ NEED ASSISTANCE FROM THIS PROGRAM FOR THE FOLLOWING REASON(S):

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I certify that this statement is true and accurate, and explains my present need for this service. I understand that this statement along with verification of other necessary information will be used to determine my eligibility for the housing trust fund program. I further realize that falsified or fraudulent information may result in the rejection of my application for this service. I understand that the completion of the application process in no way entitles me to benefits and that my application for assistance is subject to approval/or denial by the program director.

_____ _____

Signature of Applicant Signature of Interviewer

F128-11/10/00-Tan