



SECOND CHANCE ACT REQUEST FOR ASSISTANCE APPLICATION

NAME: _____ DATE: _____

PRELIMINARY QUESTIONS:

1. Are you currently employed? _____ YES _____ NO
2. If employed, please select appropriate work schedule: _____ FULL-TIME _____ PART-TIME
Please provide a copy of your paystub, work check, or other verification for income.
3. If not employed, please provide a job search log for the four-week period preceding date of request.

TYPE OF ASSISTANCE:

Transportation

Point of Origin (Specific Address):

Destination Point (Specific Address):

_____	_____
_____	_____
_____	_____

Number of Roundtrips Requested: _____ Reason for Travel: _____ Work _____ Emergency

Contingency Plan – How do you intend to pay for this item after assistance terminates?

- | | |
|---|---|
| <input type="checkbox"/> Self (Employment Income) | <input type="checkbox"/> Gift/Inheritance (Family and/or Friends) |
| <input type="checkbox"/> Government Assistance (Benefits) | <input type="checkbox"/> Tax Refund |
| <input type="checkbox"/> Community Resource (Non-Profit) | <input type="checkbox"/> Other (please specify): _____ |

REQUIRED DOCUMENTS: (a) None, if U.S. Probation program; (b) Job Search Plan, if for job search purposes; (c) document verifying acceptance into program, if for schooling or training; (d) evidence of contingency plan viability, e.g., paystub, tax return, government benefit paperwork.

Rent

Rental Property Address and Monthly Rent:

Landlord/Property Management Company:

_____	_____
_____	_____
_____	_____

Number of Months Requested: _____ Tax Identification No. _____

Contingency Plan – How do you intend to pay for this item after assistance terminates?

- | | |
|---|---|
| <input type="checkbox"/> Self (Employment Income) | <input type="checkbox"/> Gift/Inheritance (Family and/or Friends) |
| <input type="checkbox"/> Government Assistance (Benefits) | <input type="checkbox"/> Tax Refund |
| <input type="checkbox"/> Community Resource (Non-Profit) | <input type="checkbox"/> Other (please specify): _____ |

REQUIRED DOCUMENTS: (a) Lease or Rental Agreement; (b) evidence of security deposit, if applicable; (c) evidence of contingency plan viability, e.g., paystub, tax return, government benefit paperwork.



Utilities

Utility Company:	Tax Identification Number:	Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contingency Plan – How do you intend to pay for this item after assistance terminates?

<input type="checkbox"/> Self (Employment Income)	<input type="checkbox"/> Gift/Inheritance (Family and/or Friends)
<input type="checkbox"/> Government Assistance (Benefits)	<input type="checkbox"/> Tax Refund
<input type="checkbox"/> Community Resource (Non-Profit)	<input type="checkbox"/> Other (please specify): _____

REQUIRED DOCUMENTS: (a) Last two utility bills for each relevant utility; (b) evidence of contingency plan viability, e.g., paystub, tax return, government benefit paperwork.

Groceries

Grocery Store & Address:	Tax Identification Number:	Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contingency Plan – How do you intend to pay for this item after assistance terminates?

<input type="checkbox"/> Self (Employment Income)	<input type="checkbox"/> Gift/Inheritance (Family and/or Friends)
<input type="checkbox"/> Government Assistance (Benefits)	<input type="checkbox"/> Tax Refund
<input type="checkbox"/> Community Resource (Non-Profit)	<input type="checkbox"/> Other (please specify): _____

REQUIRED DOCUMENTS: (a) Grocery list and estimated prices; (b) evidence of contingency plan viability, e.g., paystub, tax return, government benefit paperwork.

Education (GED/High School Equivalency)

Program Name & Address:	Tax Identification Number:	Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contingency Plan – How do you intend to pay for this item after assistance terminates?

<input type="checkbox"/> Self (Employment Income)	<input type="checkbox"/> Gift/Inheritance (Family and/or Friends)
<input type="checkbox"/> Government Assistance (Benefits)	<input type="checkbox"/> Tax Refund
<input type="checkbox"/> Community Resource (Non-Profit)	<input type="checkbox"/> Other (please specify): _____

REQUIRED DOCUMENTS: (a) document verifying acceptance into program; (b) class schedule; and (c) evidence of contingency plan viability, e.g., paystub, tax return, government benefit paperwork.



Vocational Training

Program Name & Address:	Tax Identification Number:	Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Certification After Completion: _____ YES _____ NO; If yes, certification valid thru: _____

Contingency Plan – How do you intend to pay for this item after assistance terminates?

- | | |
|---|---|
| <input type="checkbox"/> Self (Employment Income) | <input type="checkbox"/> Gift/Inheritance (Family and/or Friends) |
| <input type="checkbox"/> Government Assistance (Benefits) | <input type="checkbox"/> Tax Refund |
| <input type="checkbox"/> Community Resource (Non-Profit) | <input type="checkbox"/> Other (please specify): _____ |

REQUIRED DOCUMENTS: (a) document verifying acceptance into program; (b) class schedule; and (c) evidence of contingency plan viability, e.g., paystub, tax return, government benefit paperwork.

Identification Document / Driver’s License

Agency Name & Address:	Tax Identification Number:	Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did you apply for identification/driver’s license within 60 days of release? _____ YES _____ NO
If not, explain why: _____

REQUIRED DOCUMENT: Identification Letter prepared by the U.S. Probation Office, if applicable.

Pre-Employment Screening

Name & Address of Screening Agency:	Tax Identification Number:	Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REQUIRED DOCUMENTS: (a) document verifying offer of employment; (b) document verifying need for pre-employment screening, e.g., document from employer with directions to screening agency.



United States Probation Office
 District of Columbia
 Workforce Development Program



Other (please specify): _____

Service Provider Name & Address:	Tax Identification Number:	Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for Request: _____ WORK-RELATED _____ EMERGENCY

Contingency Plan – How do you intend to pay for this item after assistance terminates?

- | | |
|---|---|
| <input type="checkbox"/> Self (Employment Income) | <input type="checkbox"/> Gift/Inheritance (Family and/or Friends) |
| <input type="checkbox"/> Government Assistance (Benefits) | <input type="checkbox"/> Tax Refund |
| <input type="checkbox"/> Community Resource (Non-Profit) | <input type="checkbox"/> Other (please specify): _____ |

REQUIRED DOCUMENTS: (a) document verifying services from provider, including total cost and length of service, if applicable; (b) evidence of contingency plan viability, e.g., paystub, tax return, government benefit paperwork.

EXHAUSTION OF ALTERNATIVE RESOURCES (include at least three for each, unless unavailable):

I have requested assistance from my family, spouse, adult child and/or significant other, **without success**.
 Names of Individuals: _____ Dates of Requests: _____

_____	_____
_____	_____
_____	_____

I have applied for assistance to local government agencies, **without success**.
 Names of Agencies: _____ Dates of Applications: _____

_____	_____
_____	_____
_____	_____

I have sought assistance from community resources, **without success**.
 Names of Resources: _____ Dates of Requests: _____

_____	_____
_____	_____
_____	_____

TOTAL AMOUNT REQUESTED: \$ _____

I certify that all statements and representations in this request are true and accurate to the best of my knowledge.

_____	_____	_____
Printed Name	Signature	Date