

CHRYSALIS VETERANS SERVICES ANNOUNCES

Improving Economic Security by Strengthening the Veteran's Job Readiness

Employment Development Grants

Funding provided by the Gila River Indian Community (Prop 202)



Chrysalis Veterans Services, Inc. will assist veterans in meeting their current needs for improving their economic security as it pertains to job readiness.

These Employment Development Grants provide material support as the veteran:

- Enters a job training program,
- Starts attending an educational institution,
- Is promoted to a new position requiring tools or uniforms, or
- Starts a new job after a period of unemployment of not less than 90 days.

Criteria for Employment Development Grants are:

- The applicant must be a veteran.
- The applicant must live in the [Greater Phoenix Metropolitan Area](#).
- This is an income-based program. The program is seeking to reach low (60% LIMITS) to very-low (30% LIMITS) income veterans. The applicant must meet the income guidelines per [HUD - FY 2022 Income Limits Documentation](#) for Arizona. Documentation must be submitted to prove eligibility.
- The request must directly affect the applicant's ability to go to **work, training or school**.
- The applicant will need a sponsor. This can be the school or training opportunity they are in, or applying for, or the employer with job specific requirements the veteran must meet. There is a form the sponsor **MUST** complete.
- The veteran must complete the requirements specified by the school, training opportunity, or employment opportunity the grant is supporting. Failure to complete the opportunity requirements may result in the veteran being required to return the funds they received.

Instructions

- Register for an account. Keep you login information safe for future use.
- Download the Grant Application. Fill out completely. Incomplete applications will not be processed, and you will not be contacted to complete them.
- Download the Sponsor Certification. Fill out completely. Have the appropriate person provide the requested information, and then sign and date. Incomplete sponsor forms will keep the entire application from being processed.
- Upload the application, certification and any supporting documentation required.

Send all inquires to office@chrysalisveteransvc.org

Improving Economic Security by Strengthening the Veteran's Job Readiness.

A principal element of job readiness and economic security is obtaining the necessary training. Unemployed and under-employed veterans need training to safeguard their economic security, and there are an abundance of training opportunities available; however, more than training is needed to truly be job-ready.

This program will support the veteran's pursuit of opportunities to improve their economic standing by ensuring they have the material support to be successful at the employment they have trained for, or are training for.

This is an income-based financial assistance program. (See FY 2022 [Income Limits Summary](#))

A completed financial assistance application and proof of income and eligibility must be submitted in order for us to consider a financial need request for full or partial financial assistance.

Additionally, a sponsor is required

Every reasonable effort will be made to process your application promptly. Once your application has been approved, you will receive a letter confirming the outcome. Completed applications may be uploaded on the website along with the required supporting documentation. If you have any questions, please contact us at office@chrysalisveteransvc.org.

DECLARATION

I hereby declare that all the information provided in this form is true, correct and accurate to the best of my knowledge. I understand and acknowledge that if any of the information provided in this form is false or inaccurate, I will be liable to repay in full any subsidy and/or financial assistance granted inclusive of all administrative expenses, and may face criminal prosecution.

NAME

DATE

SIGNATURE

APPLICATION - EMPLOYMENT DEVELOPMENT GRANT

Name:

First

Middle

Last

Address:

Street Address

City/State/Zip

Phone:

Message Phone:

Email:

Social Security Number:

Date of Birth:

Driver's License Number:

Issuing State:

Beginning with yourself, list all persons who are living in the dwelling and the relationship of each person to the Head of Household. You MUST use the correct legal name of each member as it appears on their social security card. Use additional sheet of paper if needed.

Household Members' Full Name	Relation to Head of Household	Birth Date	Age	Disabled	
				Yes	No
	HEAD				

Race of Head of Household Only: *(check one - used for statistical purposes only) OPTIONAL*

White
 Black/ African American
 American Indian/ Native American
 Asian
 Pacific Islander/Hawaiian
 AND Ethnicity of Head of Household: *(Must check one)*
 Non- Hispanic/Latino
 Hispanic/Latino

Applicant Employment Status

Does any Member of your Household work?

NO

YES

Full-Time

Part-Time

Seasonally *(Check One)*

Which Family Member?

Which Family Member?

Employer:

Employer:

Address:

Address:

Phone:

Phone:

Applicant Income Information

What is your total monthly income? \$

If you are not working, how long have you been unemployed?

NO **YES** Do you receive wages through a government program ex: AmeriCorps, MAOF, Senior Aides? If yes, program name:

NO **YES** Do you receive or expect to receive unemployment benefits? \$

NO **YES** Do you receive or expect to receive adoption subsidy or foster subsidy? \$

NO **YES** Do you receive or expect to receive child support? State & Case #: \$

NO **YES** Do you receive or expect to receive alimony? State & Case #: \$

NO **YES** Do you receive or expect to receive Public Assistance (TANF and/or Other)? \$

NO **YES** Do you receive or expect to receive Social Security or SSI or Disability Benefits? \$

NO **YES** Do you receive or expect to receive payments from a pension, annuity, or trust fund? \$

Name of Provider or Institution:

NO **YES** Do you currently receive any Military pay? *Monthly* \$

NO **YES** Does any person or agencies outside the household help pay for phone or utility bills, buy groceries for you, etc.? If yes, please explain:

NO **YES** Does any member of the household receive any income or contribution not listed above? From whom?

\$

NO **YES** Did any member of the household file a federal tax return last year?

Type of Assistance Being Requested *(Include all that apply)*

Describe, in detail, what item(s) you are requesting and why needed.

Uniforms	
Tools	
Safety equipment Shoes, eyeglasses, etc.	
Clothing Interview, Work, etc.	
Electronics , Tablet Laptop, Cell phone, etc.	
Vehicle maintenance	
Bus/rail pass Gas card	
Child care	
Other needs	

Tell us about your needs.

Please provide a general overview of the specific activity that will be supported by the grant. Provide insight into your own qualifications and resources relevant to the activity. You may wish to let the Grants Board know what your inspiration and/or motivation is for the activity.

What do you hope to achieve through the activity? What are your goals? How do you define success and how will you measure it?

How much funding are you applying for? \$

Are others providing you funding on this activity as well? If so, who and how much?

Additional Comments:

DOCUMENTATION

Please provide a photocopy of all documents you submit with your application and do not send originals.

Required Documentation

Work Experience	Provide copy of your most recent resume.
Identification	<ul style="list-style-type: none"> • Copy of DD214 • Copy of Military ID • Copy of driver's license or State ID. • Copy of Social Security Card.
Employment Income	<ul style="list-style-type: none"> • Copy of Individual tax return (Form 1040) for most recent tax year. • Copy of two most recent paystubs.
Self-Employment	<ul style="list-style-type: none"> • Copy of Individual tax return (Form 1040) for most recent tax year. • Schedule C and/or profit and loss statement.
Social Security/ Retirement	<ul style="list-style-type: none"> • Copy of Individual tax return (Form 1040) for most recent tax year. • Copy of Award Letter from Social Security Administration stating monthly payment.
Disability	<ul style="list-style-type: none"> • Copy of Individual tax return (Form 1040) for most recent tax year. • Copy of Award Letter from disability stating monthly disability payment.
Unemployment	<ul style="list-style-type: none"> • Copy of Individual tax return (Form 1040) for most recent tax year. • Copy of Award Letter from unemployment stating weekly or monthly benefit amount.
Spousal/ Child Support	<ul style="list-style-type: none"> • Copy of Individual tax return (Form 1040) for most recent tax year. • Copy of letter stating monthly award amount.
Proof of Dependents	<ul style="list-style-type: none"> • Copy of Individual tax return (Form 1040) for most recent tax year.
If you have no income	<ul style="list-style-type: none"> • If you have no income, send us a letter of support to include the amount and frequency. The person who provides your support must sign the letter.

Explain why you cannot provide any documentation requested.



FY 2022 INCOME LIMITS DOCUMENTATION SYSTEM

[HUD.gov](#) [HUD User Home](#) [Data Sets](#) [Fair Market Rents](#) [Section 8 Income Limits](#) [MTSP Income Limits](#) [HUD LIHTC Database](#)

FY 2022 Income Limits Summary

Selecting any of the buttons labeled "Click for More Detail" will display detailed calculation steps for each of the various parameters.

FY 2022 Income Limit Area	Median Family Income Click for More Detail	FY 2022 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Phoenix-Mesa-Scottsdale, AZ MSA	\$88,800	Very Low (50%) Income Limits (\$) Click for More Detail	30,950	35,350	39,750	44,150	47,700	51,250	54,750	58,300
		Extremely Low Income Limits (\$)* Click for More Detail	18,550	21,200	23,850	27,750	32,470	37,190	41,910	46,630
		Low (80%) Income Limits (\$) Click for More Detail	49,500	56,550	63,600	70,650	76,350	82,000	87,650	93,300

NOTE: Maricopa County is part of the **Phoenix-Mesa-Scottsdale, AZ MSA**, so all information presented here applies to all of the **Phoenix-Mesa-Scottsdale, AZ MSA**.

The **Phoenix-Mesa-Scottsdale, AZ MSA** contains the following areas: Maricopa County, AZ; and Pinal County, AZ.

* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as [established by the Department of Health and Human Services \(HHS\)](#), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits.

Income Limit areas are based on FY 2022 Fair Market Rent (FMR) areas. For information on FMRs, please see our associated FY 2022 [Fair Market Rent documentation system](#).

For last year's Median Family Income and Income Limits, please see here:

[FY2021 Median Family Income and Income Limits for Phoenix-Mesa-Scottsdale, AZ MSA](#)

Select a different county or county equivalent in Arizona:

- Gila County
- Graham County
- Greenlee County
- La Paz County
- Maricopa County
- Mohave County

[Select county or county equivalent](#)

Select any FY2022 HUD Metropolitan FMR Area's Income Limits:

Phoenix-Mesa-Scottsdale, AZ MSA

[Select HMFA Income Limits Area](#)

Or press below to start over and select a different state:

[Select a new state](#)

[Update URL For bookmarking or E-Mailing](#)

Improving Economic Security by Strengthening the Veteran's Job Readiness

Sponsor Certification

Unemployed and under-employed veterans need education and training to safeguard their economic security; however, more than education and training is needed to truly be job-ready.

This program will support the veteran's pursuit of opportunities to improve their economic standing by ensuring they have the needed material support to be successful. Chrysalis Veterans Services, Inc. will provide material support while the veteran is preparing for their future.

This form must be completed by a legal representative of the employer, school or training program the veteran is associated with.

Applicant Information

Name: _____ Phone: _____
Address: _____ City, Zip: _____ AZ

Organization Information - To Be Completed By Sponsor

Name: _____ Phone: _____
Address: _____ City, Zip: _____ State: _____
Contact: _____ Email: _____

Applicant is a new hire or has been recently promoted. Items needed to perform the job are:

Applicant has recently entered a registered apprenticeship or other training program.
Program name: _____ Items needed to perform the job are:

Applicant has recently enrolled at an educational institution.
Institution name: _____ Items needed to participate are:

I acknowledge I am authorized to complete this form, and that the information is true. I further acknowledge I will provide updates when requested on the applicant's status.

Name: _____ Position: _____
Signature: _____ Date: _____

To Be Completed By Applicant

I hereby certify that the information provided is complete and true to the best of my knowledge, and that I will notify Chrysalis Veterans Services, Inc. of any change in my circumstances impacting my ability to complete the activities I am receiving assistance for. Furthermore, I understand failure to complete the opportunity requirements may result in me being required to return the funds I received.

Name: _____ Date: _____

Signature: _____