

APPLICATION FOR PROGRAM SERVICE

FAMILY ID:

DATE: _____

W

APPLICANT ON FILE

HBA

INTAKE DATE: _____

FIRST NAME: MN: LAST NAME: Social Security Number:

Area Code: Telephone Number: HOME CELL CONTACT:

appli No Yes If yes, telephone company's name: _____

Home Address: _____ City/Town: _____ Zip Code:

Mailing Address (if different): _____ City/Town: _____ Zip Code:

LOCATION: CITY RURAL

RACE: WHI BLA M OTH

ETHNICITY: HISPANIC/LATINO NO

MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED SEPARATED

HOUSING STATUS: OWNED RENTED SUBSIDIZED SHELTER HOMELESS

FAMILY TYPE: SIN SIN SIN TWO-ADULTS WITH CHILDREN TWO-ADULTS - NO CHILDREN

Indicate the total monthly benefit for all household members receiving: \$ FOOD STAMPS \$ WIC

EMPLOYMENT: NO YES EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS/PHONE: _____

OCCUPATION: LABORER SKILLED SALES PROFESSIONAL RETIRED STUDENT CLERICAL

HOW LONG EMPLOYED: _____ YEARS _____ MONTHS _____ WEEKS

| NAME | Social Security Number (SSN) | Relation to Applicant | Dis-abled Y/N | Birth Date | Ins. Y/N | Sex M/F | Last Grade Compl. | Income Source | CSBG/LIHEAP Total (NET) Monthly Income | WAP Total (GROSS) Monthly Income |
|--------------------------------|------------------------------|-----------------------|---------------|------------|----------|---------|-------------------|---------------|--|----------------------------------|
| 1. ICAN | APPLICANT | | | | | | | | \$ | \$ |
| 2. | | | | | | | | | \$ | \$ |
| 3. | | | | | | | | | \$ | \$ |
| 4. | | | | | | | | | \$ | \$ |
| 5. | | | | | | | | | \$ | \$ |
| 6. | | | | | | | | | \$ | \$ |
| 7. | | | | | | | | | \$ | \$ |
| 8. | | | | | | | | | \$ | \$ |
| TOTAL MONTHLY HOUSEHOLD INCOME | | | | | | | | | \$ | \$ |

| INCOME SOURCE CODES | | |
|--|--|--|
| 1) MONEY, WAGES, SALARIES | 7) GOVERNMENT EMPLOYEE RETIREMENT | 14) ESTATES/TRUSTS (Periodic Receipts) |
| 2) NET RECEIPTS from Non-Farm/Farm self-employment | 8) MILITARY RETIREMENT/FAMILY ALLOTMENTS | 15) GAMBLING or LOTTERY WINNINGS (Net) |
| 3) SOCIAL SECURITY | 9) UNEMPLOYMENT COMPENSATION | 16) REGULAR INSURANCE/ANNUITY PMTS |
| 4) SSI - Supplemental Security Income | 10) VETERAN'S PAYMENTS | 17) STRIKE BENEFITS from UNION FUNDS |
| 5) TANF- Temporary Assistance for Needy Families | 11) ALIMONY | 18) TRAINING STIPENDS |
| 6) PRIVATE OR RAILROAD RETIREMENT | 12) RENTAL INCOME (Net) | 19) OTHER - (Identify) _____ |
| | 13) WORKER'S COMPENSATION | 20) ZERO (\$0) INCOME |

By my signature, I certify that all of the information I have provided on this application is true and accurate; including self-certification of zero income. Any misrepresentation, falsification, or omission of information on this application may result in exclusion from further consideration for assistance and services. I authorize the release of this information for research and other program eligibility considerations and understand that the information acquired through this release not be made public in such a manner that the dwelling or occupants may be identified.

Are you related to an agency employee/board member? No Yes Name: _____ Are you an agency employee? No Yes _____ Applicant's Signature _____ Date _____

I certify that reasonable attempts have been made to verify the above-reported household income information. I further certify that documentation to verify same is included in the applicant's file/record.

Agency Representative's Signature _____ Date _____ Agency Reviewer's Signature _____ Date _____

AREAS OF NEED: Employment Education Housing Nutrition Health Emergency Energy Transportation

PROGRAMS APPLIED FOR GEAP CSBG CASE MANAGEMENT YLP WEATHERIZATION NOT ELIGIBLE

AND ELIGIBILITY: LIHEAP D/A LIHEAP ECIP PROJECT SHARE (SCE&G) PROJECT SHARE (DUKE) PROJECT SHARE (ENF)

LIFELINE ELIGIBLE? FOOD STAMPS MEDICAID TANF WEATHERIZATION Do you want to have your home weatherized? No Yes

No Yes Currently Enrolled Company Not on List Referred to: _____

FPL: _____ Date referred: _____ Date referred: _____