

Applicant Information:

Applicant Name _____

Birthdate _____ Race _____ Ethnicity _____

Address:

Street _____ City _____ State _____

Zip Code _____ Cell Phone _____

Work Phone _____ Email Address _____

Applicant's Current Employment Status:

Unemployed Furloughed Employed but have had hours reduced

Current/Past Employer _____

Address _____

Re-Employed Date Re-Employed _____

Total Monthly Expenses:

Monthly Rent/Mortgage Payment \$ _____ Electric \$ _____ Gas \$ _____

Water \$ _____ Medical \$ _____ Telephone \$ _____ Cable \$ _____

Childcare \$ _____ Child Support \$ _____ Alimony \$ _____ Loans \$ _____

Food \$ _____ Adult Care \$ _____ Credit Cards \$ _____

Car Payment(s) \$ _____ Car Insurance \$ _____ Other \$ _____

Specify Other _____

I consent that the disclosure of the information I am providing may be required for purposes of income and other fact verification related to my application for financial assistance. I understand that (i) any willful misstatement of material fact will be grounds for disqualification of my application; (ii) the information I am providing is needed to determine my assistance eligibility and its submission in no way assures qualification for assistance; and (iii) all documentation I submit is subject to federal and other government audits.

I confirm the information provided in my submission is true, correct, and complete to the best of my knowledge and belief.

Client Signature _____ Date _____