

 **Proud partner of the American Job Center network**

**Pre-Application for Possible Financial Assistance**

This application is valid for **45 days** from date of submission.

Information not provided

No

Yes

Do you have a disability?

*Relationship*

*Phone*

*Name*

Email Address:

Alternate Contact:

Primary Phone:

Social Security #:

Address:

*Street City Zip Code*

Female

Male

Date of Birth: Age: Gender:

Name:

*First Last*

APPLICANT PERSONAL INFORMATION

EDUCATION

Bachelor’s Degree

Associate’s Degree

 Highest Education Level Achieved:

Doctorate or Master’s Degree Vocational School Certificate High School Diploma

 Some College/Technical/Vocational School (# of years )

High School Equivalency Diploma

Less than high school

  *Attending School:*

No

Yes, attending school or registered to attend College or Technical/Vocational School

*Which School?* \_ *Which Program?*

 *Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Expected Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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| --- | --- |
|  ETHNIC ORIGIN |  |
|  |
|  | Hispanic or Latino Heritage:Race - (Please check all that apply):African American/Black Hawaiian/Other Pacific Islander | Yes | No American Indian/Alaskan Native White | Asian Other |

EMPLOYMENT INFORMATION

Are you authorized to work in the U.S.? US. Citizen/Naturalized

 Lawfully Admitted Alien/Refugee Permanent Resident None

Current Employment Status:

 Employed Full Time Employed Part Time Not Working Never Worked

**WORK HISTORY**- List your most recent job first Employer:

Job Title:

Employer Address:

*Street City State*

Dates of Employment? From: To:

Job Duties:

Wages/Salary per hour: $ Hours per week: Reason for Leaving:

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Employer: Job Title:

Employer Address:

*Street City State*

Dates of Employment? From: To:

Job Duties:

Wages/Salary per hour: $ Hours per week: Reason for Leaving:

Have you registered for Selective Service? (Any Male age 18 through 25 must register) Yes No Exempt from Registration

Are you in the Military, a Veteran, or the Spouse of a Veteran?

Yes *(Complete the box below)* No *(Go on to the next page)*

Branch of Service:

From : To:

Dates of Service *(Month/Day/Year)*

Are you within 24 months of retirement or 12 months of discharge from the military (transitioning service member)?

Yes No

Have you served on active duty in the armed forces and were discharged or released from such service under conditions *other than* dishonorable?

Yes No

Are you the spouse of a veteran who has a total service-connected disability; is Missing in Action; captured in the line of duty by a hostile force; is a Prisoner of War; or who died from a service connected disability?

Yes No

VETERAN INFORMATION

Do you have a valid Driver’s License?

Yes No

|  |  |
| --- | --- |
| PUBLIC ASSISTANCE |  |
|  |
|  | *Are you* ***receiving*** *any of the following? (Check all that apply)**TANF (Temporary Assistance to Needy Families) Yes No SNAP (Supplemental Nutrition Assistance Program)/ Food Stamps Yes No SSI (Supplemental Security Income) Yes No**SSDI (Social Security Disability Insurance) Yes No**Refugee Cash Assistance Yes No**General Assistance Yes No**Publically Supported Foster Child Yes No**Unemployment Insurance Benefits Not Applicable Yes, eligible claimant Exhaustee* |

MISCELLANEOUS

Are you a single parent?

Are you pregnant or parenting?

Are you an offender - have you been arrested/convicted of a crime? Is your past work in a declining occupation or industry?

Yes Yes Yes

Yes

No No No

No

If working, does your job lack opportunity to advance or have an increase in wages? Yes No

Are you receiving or will you be receiving the Pell Grant? Yes No

What is your family size (number of people who live in your household)?

INCOME INFORMATION

**List ALL (family) members, *including yourself*, who are currently living in your household**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Age** | **Relationship to You** | **Social****Security #** | **Monthly*****Gross* Income** | **Source of Income (Employer)** |
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**Signature Statement:** I certify that the information I have provided on this application is **accurate** and **true** to the best of my knowledge.

 *Applicant Signature Date*

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*Parent / Guardian Signature Date*

This application is valid for **45 days** from date of submission.

**Additional Family Members INFORMATION**

**Only use this sheet if additional family members need to be added.**

**List ALL (family) members, *including yourself*, who are currently living in your household**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Age** | **Relationship to You** | **Social****Security #** | **Monthly*****Gross* Income** | **Source of Income (Employer)** |
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**Signature Statement:** I certify that the information I have provided on this application is **accurate** and **true** to the best of my knowledge.

 *Applicant Signature Date*

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*Parent / Guardian Signature Date*

Only use this sheet if you need to list more family members in household.

This application is valid for **45 days** from date of submission.