## Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date |  |

|  |  |  |
| --- | --- | --- |
| Address |  |  |
|  | Street Address and Mailing Address City ZIP  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Email |  |  Phone  |   |
| Employer |  | Employment Status(permanent, temporary, unemployed) |  |
| Hours per Week |  |  | Wage per hour |  |  | Pay Dates |  |
| Employment Start Date |  |   | Other Income |  |  | Other Income |  |
| I am asking for assistance with (dollar amount and item): |  |  |
|  |  |  |
| I need this help because:  |  |  |
|  |  |  |
|  |  |  |
| Who I have asked for help and their answer: |  |  |
|  |  |  |

## Monthly Budget

|  |  |  |  |
| --- | --- | --- | --- |
| Housing | Food | Car Payment | Car Insurance |
| Health Insurance | Utilities | Fuel | Phone |
| TV | Internet | Credit Cards | Childcare |
| Student Loans | Entertainment | Personal Care | Pets |
| Other  | Other | Other | Other |
| Other Assistance Received (SNAP, TANF, Medicaid, WIC, Childcare, Housing, WIOA, etc.) |
| Total Income | Total Expenses |

##  Verification

\*\*Attach proof of what you need to purchase (item, dollar amount, where to be purchased, requirement to purchase, etc.)\*\*

## Acknowledgement and Signature

I certify that the information stated on this application is true and accurate. I understand that false, misleading, or incomplete information may result in penalties as specified by law.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

|  |
| --- |
| **FOR OFFICE USE ONLY** |
| Date Application Received |  |  | [ ]  Approved [ ]  Denied |
|  |  |  | Notes |  |
| Signature |  |  |  |
|  |  |  |  |  |
| Title |  | Date |  |
| Income Calculation |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **X**  |  |  | Hours Worked per Week (average if necessary) |  |  |  |  | Total Weekly Pay |
|  |  |  |  |  | Rate of Pay per Hour |  | **X** | 4.3 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Total Weekly Pay |  |  |  |  | Total Monthly Pay |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |