

VISTO

APPLICATION FOR ASSISTANCE



DATE _____

PLEASE PRINT NEATLY

NAME			AGE	DATE OF BIRTH	RACE	
CURRENT ADDRESS		CITY	COUNTY	STATE	ZIP	HOW LONG
PREVIOUS ADDRESS		CITY	COUNTY	STATE	ZIP	HOME NUMBER
EMPLOYER			HOW LONG	WORK NUMBER	CELL NUMBER	
DRIVER'S LICENSE	TYPE VEHICLE	NEAREST RELATIVE			E-MAIL	
SPOUSE'S NAME				AGE	DATE OF BIRTH	
SPOUSE'S EMPLOYER			HOW LONG	PHONE#		

LIST EVERYONE WHO LIVES WITH YOU, WHETHER YOU CONSIDER THEM HOUSEHOLD MEMBERS OR NOT.

NAME	KIN	Birth Date	Gender	MARRIED	IN SCHOOL	WORKING	SOC. SEC. NO.
	SELF						

LIST ALL INCOME FOR HOUSEHOLD:

WAGES:	FOOD STAMPS:	TANF/SSI:
DISABILITY:	SOCIAL SECURITY:	UNEMPLOYMENT:
CHILD SUPPORT:	WORKMAN'S COMP:	OTHER:

AVERAGE MONTHLY BILLS:

RENT:	FOOD:	CAR PAYMENT:	INSURANCE:	INTERNET:
ELECTRIC/GAS:	WATER:	TELEPHONE:	CABLE:	OTHER:

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INQUIRIES TO BE MADE TO VERIFY THE STATEMENTS ABOVE. I AUTHORIZE THE DEPARTMENT OF HUMAN SERVICES AND OTHER AGENCIES TO RELEASE PERTINENT INFORMATION ABOUT MY CASE. I UNDERSTAND THAT INFORMATION REGARDING MY CASE WILL BE AVAILABLE TO MEMBERS OF THE TRACKING SYSTEM OF COOKE COUNTY.

I FURTHER UNDERSTAND THAT ANY FALSIFICATION OF INFORMATION GIVEN ON APPLICATION OR DURING INTERVIEW PROCESS IS CAUSE FOR DENIAL OF ASSISTANCE.

SIGNATURE OF CLIENT _____