



F S S
PRELIMINARY APPLICATION

DEMOGRAPHIC INFORMATION

LAST NAME _____ FIRST NAME _____
 MAIDEN NAME _____ TELEPHONE NO. _____
 RACE _____ HISPANIC? _____ YES _____ NO _____
 PRESENT ADDRESS _____
 MAILING ADDRESS _____
 SSN _____ SPOUSE SSN _____

MARITAL STATUS:
 _____ MARRIED _____ SINGLE _____ DIVORCED _____ WIDOWED _____ SEPARATED SINCE _____
 _____ SPOUSE NAME _____

IN THE SPACE PROVIDED, PRINT YOUR FULL NAME AND FULL NAMES OF ALL FAMILY MEMBERS WHO LIVE WITH YOU (LIST YOURSELF FIRST)

FULL NAME	AGE	RELATIONSHIP	BIRTH DATE	SEX

(CONTINUED ON BACK OR NEXT PAGE)

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FOR OFFICE USE ONLY

DATE/TIME APPLICATION RECEIVED _____
 CASE NUMBER _____
 CURRENT COUNSELOR _____

HOUSEHOLD INCOME

LIST THE GROSS INCOME FOR YOURSELF AND ANY FAMILY MEMBER WHO IS LIVING WITH YOU. LIST ALL SOURCES OF INCOME INCLUDING BABY SITTING, TEMPORARY OR PART TIME JOBS, ETC. GROSS INCOME IS THE TOTAL AMOUNT BEFORE DEDUCTIONS ARE SUBTRACTED. INDICATE AMOUNT RECEIVED PER HOUR/WEEK/YEAR AS APPLICABLE

NAME OF EMPLOYER(S) _____

PHONE NUMBER _____

WAGES/SALARY \$ _____ PER _____ VA PENSION \$ _____ PER _____

AFDC \$ _____ PER _____ SSI \$ _____ PER _____

CHILD SUPPORT \$ _____ PER _____ SOCIAL SEC. \$ _____ PER _____

GRANTS \$ _____ PER _____ TYPE OF GRANT _____

OTHER INCOME _____

HAVE YOU APPLIED FOR ANY FINANCIAL ASSISTANCE ? _____

EDUCATION

PLEASE CHECK ALL APPROPRIATE SPACES.

HIGHEST GRADE COMPLETED PRESENTLY ENROLLED IN HOURS PER WEEK

____ Eighth Grade or Less ____ High School/GED _____

____ High School (no diploma) ____ College Courses _____

____ High School (diploma/GED) ____ Vocational School _____

____ College (no degree) ____ Apprenticeship Program _____

____ College (degree) ____ Other Training Programs _____

HAVE YOU EVER BEEN ENROLLED IN A TRAINING OR VOCATIONAL COURSE ?

____ YES ____ NO IF YES, LIST COURSES AND INDICATE SOURCE OF PAYMENT

ARE YOU DISABLED? ____ YES ____ NO

IF YES, IS VOCATIONAL REHAB ASSISTING YOU? _____

APPLICANT

SIGNATURE _____ **DATE** _____