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## APPLICATION FOR FINANCIAL ASSISTANCE FOR WEST TEXAS COUNCIL PROGRAMS

TODAYS' DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PERSONAL DATA

Applicant's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Lives at \_\_\_\_\_ Street Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Ph (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Wk Ph (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relation to Child/Children \_\_\_\_\_ Household Size \_\_\_\_\_

US CITIZEN ☐ YES ☐ NO RACE ☐ Amer Indian ☐ Black ☐ Hispanic ☐ Asian ☐ Caucasian ☐ Other

Children's Names/Age/Camp Fire Program:

Children's Names/Age/Camp Fire Program

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Spouse/Co Applicant's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Lives at \_\_\_\_\_ Street Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Ph (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Wk Ph (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relation to Child/Children \_\_\_\_\_ Household Size \_\_\_\_\_

US CITIZEN ☐ YES ☐ NO RACE ☐ Amer Indian ☐ Black ☐ Hispanic ☐ Asian ☐ Caucasian ☐ Other



## **EMPLOYMENT DATA**

Applicant's Employer's Name \_\_\_\_\_.

Employer's street address \_\_\_\_\_ zip \_\_\_\_\_.

Years/Months Employed \_\_\_\_\_.

Spouse/Co Applicant's Employer's Name \_\_\_\_\_.

Employer's street address \_\_\_\_\_ zip \_\_\_\_\_.

Years/Months Employed \_\_\_\_\_.

## **OTHER HOUSEHOLD MEMBER EMPLOYMENT INFORMATION:**

NAME \_\_\_\_\_ Employer Name \_\_\_\_\_

Employer street address \_\_\_\_\_ zip \_\_\_\_\_ Years/Months Employed \_\_\_\_\_

NAME \_\_\_\_\_ Employer Name \_\_\_\_\_

Employer street address \_\_\_\_\_ zip \_\_\_\_\_ Years/Months Employed \_\_\_\_\_

## **HOUSEHOLD SURVEY** *Please list ALL PERSONS living in the household.*

Name	Relationship	Age	Gender
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



## **INCOME VERIFICATION**

*Please list ALL SOURCES of income & attach verification of income; i.e. last 2 paystubs)*

### **Applicant's Income**

Social Security	\$ _____ .00
Supplemental Social Security	\$ _____ .00
Employee Retirement Benefit	\$ _____ .00
AFDC	\$ _____ .00
Disability	\$ _____ .00
Unemployment Benefits	\$ _____ .00
Salary & Wages	\$ _____ .00
Child Support	\$ _____ .00
Self-Employment Income	\$ _____ .00
Veteran Benefits	\$ _____ .00

TOTAL INCOME \$ \_\_\_\_\_ .00

### **Spouse/Co Applicant's Income**

Social Security	\$ _____ .00
Supplemental Social Security	\$ _____ .00
Employee Retirement Benefit	\$ _____ .00
AFDC	\$ _____ .00
Disability	\$ _____ .00
Unemployment Benefits	\$ _____ .00
Salary & Wages	\$ _____ .00
Child Support	\$ _____ .00
Self-Employment Income	\$ _____ .00
Veteran Benefits	\$ _____ .00

TOTAL INCOME \$ \_\_\_\_\_ .00

**OTHER HOUSEHOLD INCOME:** *List ALL OTHER sources of income for each person in the household.*

Name	Relationship	Income Source	Monthly Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT's Monthly Income: \$ \_\_\_\_\_ .00

SPOUSE/Co-APPLICANT's Monthly Income: \$ \_\_\_\_\_ .00

TOTAL OTHER Monthly Income: \$ \_\_\_\_\_ .00

TOTAL Monthly Household Income: \$ \_\_\_\_\_ .00



LIST ALL OTHER SOURCES OF FINANCIAL AID REQUESTED: (i.e.: SNAPS, TANF....etc.)

AGENCY _____	TYPE OF AID _____
AMOUNT REQUESTED \$ _____	AMOUNT OF AID APPROVED \$ _____
AGENCY _____	TYPE OF AID _____
AMOUNT REQUESTED \$ _____	AMOUNT OF AID APPROVED \$ _____
AGENCY _____	TYPE OF AID _____
AMOUNT REQUESTED \$ _____	AMOUNT OF AID APPROVED \$ _____

\*\*\*PLEASE NOTE THAT MISSING INFORMATION WILL DELAY PROCESSING. THANK YOU. \*\*\*

### **CERTIFICATION**

I authorize the release of VERIFICATION OF INCOME, EMPLOYMENT, FAMILY STATUS, and any other pertinent data required to process this Financial Assistance Application. The authorization is given with the understanding that such information will be strictly confidential. I do hereby swear and attest that all of the information about me is true and correct.

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE AND FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. WHOEVER MAKES FALSE STATEMENTS SHALL BE FINED UNDER THIS TITLE OR IMPRISONED NOT MORE THAN FIVE YEARS OR BOTH.**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE/Co-APPLICANT's SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### **VOL. TIME DOCUMENTATION**

DATE OF SERVICE _____	Hrs Completed _____	Task _____	Staff Sign _____
DATE OF SERVICE _____	Hrs Completed _____	Task _____	Staff Sign _____