



Your Assessment Appointment:

DATE: _____

DAY: _____

TIME: _____

Please check in and arrive 15 minutes early; If you wish to make copies at our location
(remember this step lasts approx. 3.5 hours)

Assessment available days: Monday-Friday

Assessment available times: 9am or 1:45pm

LOCATION: 835 N Pleasant Valley Rd. Austin, TX 78702
LifeWorks Building 3rd Floor.

Note: building doors open at 8:30am

ASSESSMENTS: *Don't Be late!* You will take two assessments. The first is, **TABE** (Test of Adult Basic Education; *approx. 1hour*). You need to score above a fifth grade level in both reading and math to be considered. The **SAGE** assessment a variety of skills and assesses personal interests, matching you with occupations fitting your results (*approx. 2 hours.*)

HOW TO PREPARE:

- You are not required to study for these assessments. However, if you have been out of school for a while, we highly recommend that you review GED or TABE prep material.
- Arrange for child care in advance.** If you're going to make a big change in your life, you are going to need some support. Now is a good time to start asking friends and relatives to be available to help you.
- Get a good night's sleep and eat something** before you come.

WHAT TO BRING:

- Application MUST be completely filled out at home. You will be inputting the information onto a computer 30 minutes before starting.**
 - Completed Capital IDEA Application packet and photocopies of required documents** ready to be handed in. If you need time to arrange your paper work, show up early. **Please use 8 x 10 paper (not legal size) and no staples.**
 - You may choose to bring a snack (please make sure it is not crumbly, sticky or messy). No drinks without lids and none around the computers please.
-

LATE ARRIVALS: Assessment is timed and starts promptly as scheduled. Don't be late!

MISSED ASSESSMENT: Reschedule dates are limited and may not be available. Reschedule dates, are made through Sign-up Genius.

Math Practice Problems

Below are examples of Practice problems from the free website

http://www.testprepreview.com/tabe_practice.htm

1.) $0.98 + 45.102 + 32.33 =$

2.) $0.12 \div 1 =$

3.) $(9 \div 3) \times (8 \div 4) =$

4.) $-37 + -47 =$

5.) $7 \frac{1}{2} - 5 \frac{3}{8} =$

6.) $\frac{1}{2} \div \frac{1}{4} =$

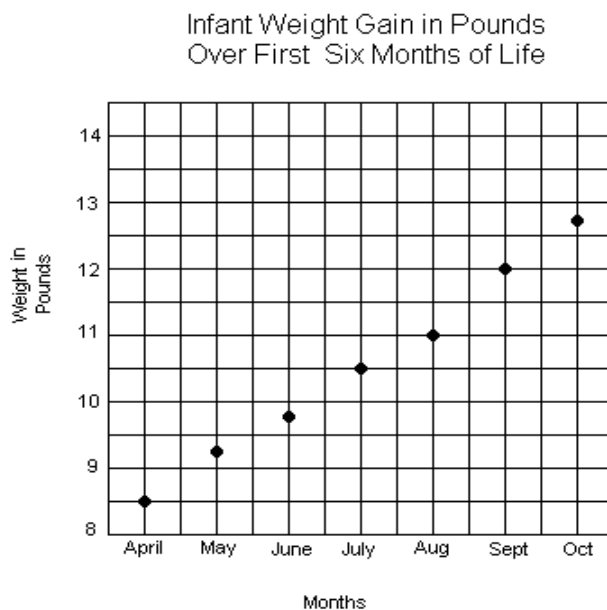
7.) 35% of what number is 70?

8.) An instrument store gives a 10% discount to all students off the original cost of an instrument. During a back to school sale an additional 15% is taken off the discounted price. Julie, a student at the local high school, purchases a flute for \$306. How much did it originally cost?

9.) Two angles of a triangle measure 15° and 85° . What is the measure for the third angle?

10.) Sarah is twice as old as her youngest brother. If the difference between their ages is 15 years. How old is her youngest brother?

11.) What was the average weight of the infant from April to October?





What documents will Capital IDEA require for academic sponsorship?

Application & Documentation IS DUE at Step 3, ★ scheduled Assessment Day ★

All applicants need:

1. Photo ID or Driver's License.
2. Social Security Card
3. Birth Certificate/Naturalization Certificate or Passport
4. High School Transcript / Diploma; GED; Certifications; any foreign transcripts need to be translated into English.

- If...**
- If applicant has attended College/University before provide an– Unofficial Transcript
 - If applicant receives Financial Aid-Award Letter & Activity Sheet
 - If applicant has served in the armed forces - DD214
 - If applicant is a non-citizen – Permanent Resident Card
 - If applicant has ever been arrested – Criminal Background Check from DPS or Declaratory Letter from Licensing Board
 - All male applicants need to show proof of Selective Service registration - WWW.SSS.GOV

Does the applicant have a spouse / significant other and/or children?

1. Photo ID or Driver's License (for spouse only)
2. Social Security Cards (both spouse and children)
3. Birth Certificates (both spouse and children)

Does the applicant (and/or spouse) have a source of income from wages, self-employment or other for example, Child Support?

1. Paystubs for one month, or a letter from employer.
2. Income Tax Return - 1040 forms
3. Document showing how much income is received.

What documents will Capital IDEA require for academic sponsorship? Continued...

Does the applicant and/or dependents receive government assistance from Food Stamps, Medicaid, WIC, Housing, Unemployment Benefits, Workman's Compensation, Social Security Income, TANF, Student Financial Aid, or other?

1. Document that shows the amount received.

If...

If the applicant does not have a source of income nor receives government assistance

- Provide a letter stating the applicant's expenditures written by the person who is responsible for those (room and board, utility usage, car insurance, cell ,etc.) and explain for how long will these expenditures be covered.

All applicants, must demonstrate proof of residency

1. Mortgage Payment, Property Taxes or Lease Agreement
2. All Utility Bills- electric, gas, water, and/or cable

If...

If the applicant does not have any of the above, you must provide ALL of the following:

- A letter from the person you're staying with such as a relative or roommate that states: 1) relationship 2) monetary agreement, if any 3) contact information 4) address 5) and signature.
- A Utility Bill from that person
- A piece of mail addressed to the applicant, that shows a stamp from Post Office with a matching address

All applicants, must provide financial expenses

1. All invoices/bills for your personal expenses such as, car payments, car insurance bill, child care, medical expenses, credit cards, loans, cell phone, internet, child support (if you pay someone else) etc.

If...

If the applicant has expenses under someone else's account or policy you must provide:

- A letter from that individual explaining the monetary arrangement



Application for Sponsorship

All Fields must be complete for submission. Use black or blue ink. Do not leave any blanks. If question is not applicable to you please write N/A. For questions call the Capital IDEA office at 512-457-8610.

Personal and Demographic Information		DATE: _____
Last Name		
First Name		
Middle Name		
Maiden Name		
Suffix	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/> VII	
Social Security Number		
Date of Birth	_____ / _____ / _____	Age: _____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnicity and Race Demographics <i>These categories match the national census categories. If you are unsure how to answer please call our office for assistance.</i>	Ethnicity (Check One) Are you of Hispanic or Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (please specify): _____
Citizenship	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident I-155 <input type="checkbox"/> Refugee <input type="checkbox"/> Non-Citizen <input type="checkbox"/> Parolee	
Email Address		
Marital Status	<input type="checkbox"/> Married, Engaged or Living with Partner <input type="checkbox"/> Single, Divorced or Legally Separated	
Single Parent?	<input type="checkbox"/> Yes (<i>I have full custody and am raising children without a partner</i>) <input type="checkbox"/> No	
Household Information		
Living Arrangement Please check the box which <i>best</i> describes your living situation.	<input type="checkbox"/> One family household (living by myself, or living with my spouse and children only) <input type="checkbox"/> Shelter or temporary housing (Please explain, box provided below.)	<input type="checkbox"/> Multi-family household (roommates, friends, or relatives, other than my spouse and children also live in the house.) <input type="checkbox"/> Other (Please explain, box provided below.)
Who lives with you in the household? Check all boxes that apply.	<input checked="" type="checkbox"/> Myself (1) <input type="checkbox"/> Spouse or Partner (1) <input type="checkbox"/> My children (under 18). How many? _____ <input type="checkbox"/> My other dependents that I support (18 or older). How many? _____ (Please explain in the box below.)	<input type="checkbox"/> Roommate(s) (person I split expenses with, NOT in a relationship, NOT a relative.) How many? _____ <input type="checkbox"/> Other(s) not already counted, including relatives or others in household. <i>Please explain in the box below.</i> How many Adults (over 18)? _____ How many children (under 18)? _____
Explain your living arrangement or household, if needed:		
Household Languages: (check all that apply)	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Sign Language <input type="checkbox"/> Thai <input type="checkbox"/> Russian <input type="checkbox"/> Arabic <input type="checkbox"/> Swahili <input type="checkbox"/> Other(s), please specify: _____	

Current Address Information & Contact Information			
Street Address			
City			
County			
State		Zip	
Home Phone Number		Work Phone Number	
Cell Phone Number		Work Phone Extension	
P.O. BOX or Mailing Address Information (if different than above)			
Mailing Address			
Mailing City			
Mailing County			
Mailing State			
Mailing Zip			
Voter Information			
Are you registered to vote?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Voter Registration Number:	
Education			
Educational Status (check one)	<input type="checkbox"/> Some College* <input type="checkbox"/> High School Graduate <input type="checkbox"/> General Equivalency Diploma (GED) <input type="checkbox"/> None of the above , please circle highest grade <i>completed</i> : 5 th grade or less 6 th 7 th 8 th 9 th 10 th 11 th 12 th		
*If <i>Some College</i> , please specify number of college credit hours earned	_____ hours	Degree or Certificates Earned	<input type="checkbox"/> Certificate <input type="checkbox"/> Professional License <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters
Special Circumstances Check as many items as apply to you. Answers to these questions cannot disqualify you from the program and may help you to qualify.			
Which of the following statements applies to you? <i>MUST</i> check at least one box	<input type="checkbox"/> Homemaker who has not worked outside the home in several years <input type="checkbox"/> Have not worked in Last 2 Years <input type="checkbox"/> Have not held the same job for more than 6 months <input type="checkbox"/> Have never been employed <input type="checkbox"/> Have received Vocational Training <input type="checkbox"/> Handicapped or Special Needs <input type="checkbox"/> None of the above		
Service History			
Have you served in the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Discharge:	_____ / _____ / _____
		Type of Discharge:	<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other
Service Branch	<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard		
(Males only) Did you register for U.S. Selective Service between the ages of 18 - 26 yrs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If No, please explain:			

Are you willing to take a drug test?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain
Have you ever been in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Did you take any college classes prior to the age of 21? <input type="checkbox"/> Yes <input type="checkbox"/> No
Criminal Background	
Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Experience & Skills	
List any skills or experience you have that might be useful in a job	
Public Assistance Information. Check all that apply: If you receive any public assistance, indicate which agency(ies)	
Does anyone in your household receive Public Assistance from the list below? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Assistance: (check all that apply)	<input type="checkbox"/> TANF (AFDC) <input type="checkbox"/> Medicaid <input type="checkbox"/> Public Housing <input type="checkbox"/> Refugee assistance <input type="checkbox"/> Food Stamps <input type="checkbox"/> SSI <input type="checkbox"/> WIC
TANF Number	
Food Stamp <u>Case Number</u>	
Name of Public Housing	
Please provide the following information to help us better serve the community.	
How did you hear about Capital IDEA? If you were referred by your church, school, employer or other support institution please provide the name of that institution.	
Applying with someone? Please read and fill out carefully.	
If you know someone who is either enrolled in or applying to Capital IDEA you must list them in the spaces provided, if the person falls into either of the categories below. <i>Failure to identify a person may lead to one or both of you being removed from the program.</i>	
<ul style="list-style-type: none"> • Spouse, Fiancé, Boyfriend or Girlfriend • A person who shares expenses/supports you or who you support 	
Name (or n/a if not applicable):	
Relation to you:	
Application Status:	<input type="checkbox"/> Currently Applying <input type="checkbox"/> Already in the program <input type="checkbox"/> Will apply soon
Will you be submitting a criminal history with your application? (response required)	
If you have ever been convicted of a felony or misdemeanor, you are required to include a complete Criminal History from the Texas Department of Public Safety (DPS) with your application. The DPS charges for the background check. Capital IDEA does not cover this expense. Please check one box below.	
<input type="checkbox"/>	YES, I <u>do</u> need to get a background check. Check box if you intend to, or already have gone to get your Criminal History at the DPS.
<input type="checkbox"/>	NO, I do <u>not</u> need to get a background check. Check box if you understand the above paragraph but feel you do not need to get a Background check.

Declaration of Citizenship or Permanent Resident Status

Check only one box below: Due to new funding regulations, all applicants as of August 2009, must be able to prove U.S. Citizenship or Permanent Resident status. Please check the box next to the document you will be submitting. Please note where original documents may be required. Originals will be returned to you before you leave.

U.S. Citizen	Permanent Resident
<input type="checkbox"/> U.S. Birth Certificate <input type="checkbox"/> U.S. Passport <input type="checkbox"/> Certification of Citizenship (form N-560 or N-561) <i>Do NOT photo copy. Bring original.</i> <input type="checkbox"/> Certification of Naturalization (INS Form N-550 or N570) <i>Do NOT photo copy. Bring original.</i>	<input type="checkbox"/> Permanent Resident Card or Alien Registration Card with Photograph (INS Form I-151 or I-551)

THIS BOX FOR OFFICE USE ONLY

Copies of the above checked documents are being accepted as proof of eligibility based on citizenship or permanent resident status.

-or-

Proof of Certification of Naturalization: Transcribe the number located on the top right hand corner of the certificate. It should be in red ink, beginning with the hyphenated word No. Accept only original documents.

No.

Initials of staff member accepting documentation: _____

Read & Sign

I, the undersigned applicant, am submitting the documentation checked above as proof of my citizenship or permanent resident status. I understand that the above checked documentation, if misrepresented, falsified, or incomplete, may be grounds for immediate removal from the program.

Further, I verify that all information provided in this application is true and complete; and I understand that any falsification or omission may result in my application being denied by Capital IDEA. I also understand that all photocopies of documents turned in to Capital IDEA to accompany my application become the property of Capital IDEA and will not be returned. *[Capital IDEA does not require or keep any original documentation]*

Signature

Date

Employment History

Please list the last three jobs you have held starting with current or most recent job. Use the reverse side of this page if you have additional employment information you want to have considered.

Past or Current Employment - if you have not worked in many years please list the last job you held and explain the gap in employment on the reverse side of this page. (*required)			
	Job 1 <i>Current or most recent</i>	Job 2 <i>Previous</i>	Job 3 <i>Previous</i>
*Start Date			
*End Date			
*Company Name			
Company Address			
*Company City			
Company State			
Zip Code			
Company Telephone Number			
Supervisor Name			
*Job Title			
Job Duties			
Does this job have benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Hourly Wage			
*Average Weekly Hours			
Is this an Internship?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
*Reason for leaving or termination			

General Education or Higher - starting with the high school you graduated from, list your education experience to present.		
Attended (year - year)	Name of School, City, State	Did you Graduate?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Interests/Hobbies

The space provided below is for you to explain any part of your employment history that you feel needs to have an explanation, or to provide additional employment history/education information.

Income and Assistance

If you have questions please call Capital IDEA: 512-457-8610

Capital IDEA applicants must provide documentation of income

Please submit photocopies of documents, *not* originals.Please fill in a zero if no one in the household has that type of income. *Do not leave any blanks.*

Failure to bring in documentation for your income will delay your application process.

A. Income (monthly)	Amount	Required Documentation (<i>photocopies</i>)
1. Wages from a Job (self)	\$	Pay check stubs for the month (<i>no more than 2 months old</i>) - or- Letter from employer stating pay rate per hour and number of hours worked per week.
2. Wages from a Job (spouse)	\$	
3. Retirement	\$	Letter or Direct Deposit Statement
4. SSI	\$	Benefits Letter, Check Stub or Auto Deposit Record
5. Workman's Comp.	\$	Benefits Letter, or Check Stub
6. Disability	\$	Benefits Letter, or Check Stub
7. Your Tax return (amount returned or owed)	\$	Copy of filed Taxes – usually Form 1040 (2 pages) or 1040EZ (1 page). <i>If you've lost your taxes, you can get a transcript of your taxes from the IRS by calling (800)-829-1040. Transcripts will be mailed directly to you. Allow 2-3 weeks for delivery.</i>
8. Spouse's, if filed separately	\$	
9. Relatives Tax return, or others living in the household	\$	
B. Assistance (monthly)	Amount	Required Documentation (<i>photocopies</i>)
1. Refugee Assistance	\$	Benefits Letter, or check stub
2. Housing Assistance	\$	Benefits Letter from Housing Authority
3. Utilities Assistance	\$	Benefits Letter, or check stub
4. AFDC/TANF (total for household)	\$	Benefits Letter or TANF Summary
5. Food Stamps (total for household)	\$	Benefits Letter or Food Stamp Summary
6. Child Support (received)	\$	Letter, Court Order, or Direct Deposit Statement
7. Unemployment Benefits	\$	Benefits Letter, or Check Stub
8. Medicaid or Medicare (circle)	Y / N	Monthly Benefits Letter or Medicaid Summary
9. WIC (circle)	Y / N	Letter, Card or Vouchers
10. Assistance from Family or Friends. Please list <i>names</i> of individuals you will be requesting letters from.		Letters: Please provide letter(s) from relatives or friends living with you, supporting you, or helping you out with your expenses. The letter must list the type of assistance they give you (i.e. room and board, loan of car, bills paid for you or split with you, or any other regular assistance they give you.) The letter must state their relationship to you, have their signature, and their contact information.
C. Financial Aid	Amount	Required Documentation (<i>photocopies</i>)
1. Scholarships	\$	Award Letter (only for money received in the current school term)
2. PELL, SEOG, TPEG Grants	\$	Award Letter (only for money received in the current school term)
3. Educational Loans	\$	Loan Agreement (only for money received in the current school term)

Expenses

If you have questions please call Capital IDEA: 512-457-8610

Fill in the expenses for your household. **Bring photocopies** of your documents ready to turn in. Cross out any account numbers on the copies of the bills you provide us. **Do not leave any blanks.** Fill in zeros if necessary.

What if...

- I share expenses with a roommate: If you share or split expenses with a platonic, non-relative roommate, please bring the bills (*even if they are not in your name*) and indicate below how much you are responsible for paying each month.
- I don't pay the bill: If a friend or relative is paying a specific bill for you (cell phone, car insurance, etc.) fill in the amount paid on your behalf and request a letter from the person stating that they pay the bill for you.

D. Lodging	Paid To	Amount	Required Documentation (photocopies)
1. Rent/Mortgage or Property Taxes	-	\$	Lease, Mortgage Statement, and/or Property Taxes (if home is completely paid off)
E. Utilities	Paid To	Amount	Required Documentation (photocopies)
1. Electricity	-	\$	Current monthly bill
2. Gas	-	\$	Current monthly bill
3. Telephone	-	\$	Current monthly bill
4. Water	-	\$	Current monthly bill
F. Other Expenses	Paid To	Amount	Required Documentation (photocopies)
1. Food (groceries, etc.)		\$	None
2. Car Payment	-	\$	Monthly statement or repayment schedule
3. Gas, Oil, Car Repair		\$	None
4. Car Insurance	-	\$	Policy showing all covered drivers and payment schedule
5. Child Care/School	-	\$	Bill or letter from provider
6. Medical (ongoing medical expenses such as medications, or large doctor or hospital bills, etc.)		\$	Current monthly bill or repayment plan
7. Credit Card(s) or Loans	- - - - -	\$ \$ \$ \$ \$	Credit Card Statements or Loan agreement showing repayment schedule
8. Clothing/Shoes (Estimate average per month)		\$	None
9. Cell Phone	-	\$	Current monthly bill (or monthly estimate for prepaid phones)
10. Cable/Satellite TV or Internet	-	\$	Current monthly bill
11. Tuition, Books, Lab Fees		\$	Bill for tuition, estimate for other expenses
12. Misc. Expenses (list separately)		\$ \$ \$ \$	Current monthly bill(s) or letter(s) from providers, if applicable
13. Child Support (If You Pay to Someone Else)		\$	Court order, or withholdings on pay stub
14. Payroll Deductions (if applicable)		\$	(410(k), Insurance, etc.) shown on paycheck stub



CAREER WORKSHEET

Name: _____

Date: _____

Show us how much you know about your career and how excited you are to start working towards it. If you use additional paper, be sure to put your name at the top of each page.

Please note: Once accepted into the Capital IDEA program, changing your career choice requires approval. Participants must notify their assigned Career Counselor of career training changes. This notification needs to be in writing and will require Capital IDEA approval.

1. Which career are you applying to be sponsored in? _____

2. Why are you interested in this career (please give as many reasons as you can)? _____

3. List at least *four* specific job duties that employees in this field perform.

- _____
- _____
- _____
- _____

4. Please describe the working conditions for your career (will you be working inside or outside, days or nights, sitting or on your feet, working with people or alone, etc.)? _____

Will any of the conditions you listed challenge you, why? _____

5. What is the pay range for someone *entering* this field? _____

6. List (3) specific employers that hire individuals in your career of choice? (hint: if you don't know any, try looking up the career in the phone book)

- _____
- _____
- _____

Your College Degree Plan

Most students will attend Austin Community College (ACC) – time to visit their website: www.austincc.edu.

If your program is not offered at ACC, find out which school is approved by Capital IDEA for training in that field. Answer the below questions based on the information available on that school's program.

7. What degree or certification level will you need to complete to enter your chosen career field?

8. List 3 pre-requisite classes you will have to take for your degree:

- _____
- _____
- _____

9. List 3 additional classes, specific to your degree, that you will have to take:

- _____
- _____
- _____

10. Does your degree plan have a required Orientation or Information Session? YES NO

If yes, when is the next one?: _____

11. Who is the Department Chairperson?: _____

12. Required for Applicants with Criminal Backgrounds. There are strict guidelines in some careers that require licensing – including most healthcare careers and trades. Persons with criminal backgrounds must research their career choice with the appropriate licensing agency and submit proof that they would be allowed to practice in their chosen career. Contact the appropriate licensing agency to find out if you are eligible to work in your chosen career field. You may need to submit a letter or an application to one of the agencies below as part of the process.

Having a criminal record will not disqualify you from Capital IDEA but may limit your career choices. Only the Licensing Board can tell you if you will be allowed to work in your chosen career.

<p>Texas Department of Licensing and Regulation (TDLR) Telephone: (512) 463-6599 Toll-Free (in Texas): 800-803-9202 http://www.license.state.tx.us/index.htm (Look for the drop down menu to select your chosen career).</p>	<p>Board of Nurse Examiners (512) 305-7400 http://www.bon.state.tx.us</p>
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Applicant's Household Income Verification
(for spouse/significant other and/or children only)

Capital IDEA requires that you provide the most recent proof of income. If you are submitting paycheck stubs, we require 1 if you are paid monthly, 2 if paid twice a month or every other week, 4 if you are paid weekly.

 Applicant's Name: _____ Does applicant have a source of income? Y N

What is the Applicant's source of income? _____

Please list the Applicant's gross income received during your last pay period? _____

Does this amount include overtime? Y N
 How often does the applicant get paid?(Circle one) Weekly Every Other Week Monthly Twice a Month

Household Member's Name: _____ Does Household Member have a source of income? Y N

What is the Household Member's source of income? _____

Please list the Household Member's gross income received during their last pay period? _____

Does this amount include overtime? Y N
 How often do they get paid?(Circle one) Weekly Every Other Week Monthly Twice a Month

Household Member's Name: _____ Does Household Member have a source of income? Y N

What is the Household Member's source of income? _____

Please list the Household Member's gross income received during their last pay period? _____

Does this amount include overtime? Y N
 How often do they get paid?(Circle One) Weekly Every Other Week Monthly Twice a Month

Signature of Applicant

Date

Applicant Household Information

Please provide a list of all members of your immediate household (as in yourself, spouse and children or legal dependents ONLY no sisters, mothers, brothers, aunts etc.)

MEMBER	DOB	AGE	SSN (attach copy)	Relationship
1.				Self
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Signature: _____

Date: _____