Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Race \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Ethnicity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Gender\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Marital Status\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please note: These questions are OPTIONAL and for grant and tracking purposes only. Your response, or omission, has no effect on our determination of assistance\*

**CONSENT FOR RELEASE OF INFORMATION:**

In addition to verification of income and expenses, I authorize *The Advocacy Center of Davie to* contact other local social service agencies, community organization, local churches, including, but not limited to, *ALL* utility companies andmy landlords, in order to verify, share, and request any information which may be needed to assist in meeting my need. I understand that this information will be stored and shared via databases that are accessed utilizing the internet, including, but not limited to, Charity TrackerTM, and that any information shared will be for the sole purpose of assisting me and will not be used for any other purpose. I consent to the release and requesting of information, as noted above, for me and everyone else listed on the form below.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Who referred you to the Advocacy Center? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have we helped you in the past?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If so, when? (month & year) \_\_\_\_\_\_\_\_\_\_\_\_\_

What are you seeking assistance with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How much? \_\_\_\_\_\_\_\_\_

Are your circumstances COVID related? \_\_\_ yes \_\_\_no

What are the circumstances that cause you to need assistance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many persons, including yourself, currently live in your household?\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Date of birth | Age | Relationship to Applicant | Check if Employed |
|  |  |  | Self |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

List the full names and ages of *any* ***other*** *minor children* you have, but aren’t living with you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does anyone in the household have a car? \_\_\_\_\_\_\_\_\_ Year/Make\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you employed? \_\_\_\_\_\_ If yes, by whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long?\_\_\_\_\_\_\_

Do you have any pets? \_\_\_\_\_\_\_\_If yes, what kind and how many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have charges pending, arrests, misdemeanors or felonies?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, what year and what for?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a High School diploma? \_\_\_\_\_\_ GED? \_\_\_\_\_\_\_ Any College? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where do you volunteer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you interested in?** \_\_\_ budgeting classes \_\_\_ healthy cooking classes \_\_\_ basic computer skills

\_\_\_ workplace success training \_\_\_ high school equivalency \_\_\_other classes

**Monthly Income and Expenses**

**Income: Automobile:**

Income Job #1 \_\_\_\_\_\_\_\_\_ Monthly Payment \_\_\_\_\_\_\_\_\_

Income Job #2 \_\_\_\_\_\_\_\_\_ Gas \_\_\_\_\_\_\_\_\_

Child Support \_\_\_\_\_\_\_\_\_ Insurance \_\_\_\_\_\_\_\_\_

Food Stamps \_\_\_\_\_\_\_\_\_ License/taxes(divide by 12) \_\_\_\_\_\_\_\_\_

Other Income \_\_\_\_\_\_\_\_\_ Maintenance/repair \_\_\_\_\_\_\_\_\_

**TOTAL INCOME \_\_\_\_\_\_\_\_\_** Paying for a ride, bus, etc. \_\_\_\_\_\_\_\_\_

**TOTAL: \_\_\_\_\_\_\_\_\_**

**Expenses:**

Rent/mortgage \_\_\_\_\_\_\_\_\_ **Debt/Payments:**

Renters Insurance \_\_\_\_\_\_\_\_\_ Loans (student/bank) \_\_\_\_\_\_\_\_\_

Power \_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_

Water \_\_\_\_\_\_\_\_\_ Clothing (kids/adults) \_\_\_\_\_\_\_\_\_

Garbage pickup \_\_\_\_\_\_\_\_\_ Medical/Dr bills/Rx \_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_ Rent to Own \_\_\_\_\_\_\_\_\_

Cable/TV/Internet \_\_\_\_\_\_\_\_\_ Credit cards \_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_ **TOTAL: \_\_\_\_\_\_\_\_\_**

Maintenance \_\_\_\_\_\_\_\_\_

Day care \_\_\_\_\_\_\_\_\_

Groceries \_\_\_\_\_\_\_\_\_ **TOTAL INCOME** \_\_\_\_\_\_\_\_\_

Savings \_\_\_\_\_\_\_\_\_ **MINUS EXPENSES \_\_\_\_\_\_\_\_\_**

**TOTAL: \_\_\_\_\_\_\_\_\_**  **DIFFERENCE** \_\_\_\_\_\_\_\_\_

**Notes:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed application includes**: \_\_\_Copy of Photo ID \_\_\_Bill to be paid \_\_\_Referral letter (if referred) \_\_\_ Proof of all Income for the household (Job, SSI, Disability, etc.) \_\_\_ Other

Please be advised; if there is a lapse in communication on the applicant’s part, this application is void after 21 days and a new application will be required. Your application is not complete without the requested documents mentioned directly above.