

# GREENE LAMP COMMUNITY ACTION COMMUNITY SERVICES BLOCK GRANT (CSBG) APPLICATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ SOCIAL SECURITY #: XXX-XX- \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ Yes \_\_\_\_\_ No. IF YES,

EMPLOYER'S NAME AND ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ PAY PER HOUR: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_

MARITAL STATUS: \_\_\_ MARRIED, \_\_\_ SINGLE, \_\_\_ SEPARATED, \_\_\_ DIVORCED, \_\_\_ WIDOW(ER)

RACE: \_\_\_ BLACK, \_\_\_ WHITE, \_\_\_ HISPANIC, \_\_\_ NATIVE AMERICAN, \_\_\_ OTHER \_\_\_\_\_

**INCLUDING YOURSELF; LIST FAMILY MEMBERS IN HOUSEHOLD:**

NAME	DATE OF BIRTH	SEX M/F	RELATIONSHIP TO HEAD	LEVEL OF EDUCATION/ LAST GRADE COMPLETED	INCOME SOURCE	HEALTH INSURANCE, MEDICARE, MEDICAID

TOTAL NUMBER IN HOUSEHOLD: \_\_\_\_\_

OBTAINED CAREER READINESS CERTIFICATE? \_\_\_ YES \_\_\_ NO COMPLETION DATE \_\_\_\_\_

HAVE YOU EVER BEEN ENROLLED IN THE CSBG PROGRAM? \_\_\_ YES \_\_\_ NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_ YES \_\_\_ NO

**I CURRENTLY RECEIVE THE FOLLOWING ASSISTANCE: (CHECK ALL THAT APPLY)**

- \_\_\_\_\_ FOOD STAMPS (Applicant Only) AMOUNT \$ \_\_\_\_\_
- \_\_\_\_\_ AFDC/WFA AMOUNT \$ \_\_\_\_\_
- \_\_\_\_\_ CHILD CARE (DSS) AMOUNT \$ \_\_\_\_\_
- \_\_\_\_\_ CHILD SUPPORT AMOUNT \$ \_\_\_\_\_
- \_\_\_\_\_ NUTRITION/WIC AMOUNT \$ \_\_\_\_\_
- \_\_\_\_\_ SOCIAL SECURITY/SSI AMOUNT \$ \_\_\_\_\_
- \_\_\_\_\_ PUBLIC HOUSING AMOUNT \$ \_\_\_\_\_
- \_\_\_\_\_ HUD/SECTION 8 AMOUNT \$ \_\_\_\_\_
- \_\_\_\_\_ HUD UTILITY ASSISTANCE AMOUNT \$ \_\_\_\_\_
- \_\_\_\_\_ UNEMPLOYMENT INSURANCE AMOUNT \$ \_\_\_\_\_

**(FOR OFFICE USE ONLY)**

APPLICANT'S ANNUAL INCOME: \$ \_\_\_\_\_  
 ANNUAL INCOME OF OTHER FAMILY MEMBERS: \$ \_\_\_\_\_  
 TOTAL ANNUAL FAMILY INCOME: \$ \_\_\_\_\_