

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

NAME: _____ DATE: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

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:	\$ _____