**Application for Essential Funds for Essential Needs**

**Applicant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender:** \_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Security #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Application:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of adults in the household:** \_\_\_\_\_\_\_\_\_\_  **Race:** ❒American Indian ❒Black-African American **Number of minors in the household:** \_\_\_\_\_\_\_\_\_\_ ❒White ❒Asian ❒Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you:** ❒Rent *or* ❒Own **Housing Type:** ❒Multi-family ❒Single Family ❒Mobile Home

❒Homeless ❒Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please describe in detail your current circumstances (need)** *feel free to use the back.*

□ I certify, under penalty of perjury, that I receive the following income:

**Current Employer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1st Source:** □ Wages □ Child Support □ Unemployment □ SSI/SSDI

□ Pension/Retirement □ TANF □ Survivor’s Benefits □ Foster Care Payments

□ Workman’s Compensation □ Alimony □ Other

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Frequency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd Source (if it applies):** □ Wages □ Child Support □ Unemployment □ SSI/SSDI

□ Pension/Retirement □ TANF □ Survivor’s Benefits □ Foster Care Payments

□ Workman’s Compensation □ Alimony □ Other

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If you have* ***ZERO income*** *please initial here:* \_\_\_\_\_\_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Also, please **list** all **household members**, along with their age: *For example: Suzie Cue, age 2*

***Please drop off at the Opportunities, Inc. drop box at 905 1st Avenue North or call us at 761-0310 if you need assistance.***

**❒ Check if you are an Agency referring this individual**

**Signature of Contact Person and Name of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**