



**Income Information:**

Which of the following types of income and/or benefits **have you or anyone in your household** received in the past 90 days? (Select all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Employment          | <input type="checkbox"/> Child Support         | <input type="checkbox"/> Disability                        |
| <input type="checkbox"/> Self-Employment     | <input type="checkbox"/> Unemployment          | <input type="checkbox"/> Grants/Scholarships/Financial Aid |
| <input type="checkbox"/> Work First Benefits | <input type="checkbox"/> Social Security (SSA) | <input type="checkbox"/> Pension or Retirement             |
| <input type="checkbox"/> Food Stamps         | <input type="checkbox"/> Social Security (SSI) | <input type="checkbox"/> Medicaid/Medicare                 |
| <input type="checkbox"/> Section 8 Housing   | <input type="checkbox"/> Child Care Vouchers   | <input type="checkbox"/> Utility Allowance                 |

**Additional Information:**

With which of the following areas do you or someone in your household need help? (Select all that apply)

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Education    | <input type="checkbox"/> Transportation   | <input type="checkbox"/> Budgeting/Credit Repair |
| <input type="checkbox"/> Employment   | <input type="checkbox"/> Housing          | <input type="checkbox"/> Community Referrals     |
| <input type="checkbox"/> Childcare    | <input type="checkbox"/> Health/Nutrition | <input type="checkbox"/> Self-Esteem Building    |
| <input type="checkbox"/> Other: _____ |   |  |

Do you have a child enrolled in the Head Start or Early Head Start program? Yes  No

If yes, where: \_\_\_\_\_

How did you hear about the FESS Program? \_\_\_\_\_

By submitting this application, you are acknowledging you have read and agree to the following:

***Certification of Information***

I am aware that this information is subject to review and verification, and I may have to provide documents to support it. I am aware that I may be denied assistance if I am found ineligible or if I do not meet the program requirements. I am aware that I may be prosecuted if I have knowingly given false information to receive assistance. I have been notified of my right to appeal any denial of service or assistance for which I may be eligible.

***Certification and Waiver of Privacy Rights Statement***

I hereby grant permission and authorize any employer, utility company, fuel company, Veteran's Administration, Department of Social Services, Social Security Administration, and any other applicable public and/or private institution to share information regarding my past and/or present income verification in order to determine eligibility for CSBG services. I allow the release of information contained herein for purposes of verification. I understand that any personal information I provide will be held in confidence in order to protect my privacy.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
FESS Staff Signature

\_\_\_\_\_  
Date

***Thank you for completing this application – We will follow-up with you soon***