Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Household Size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To determine your eligibility we need the following additional information.

*Para determinar su elegibilidad necesitamos la siguiente informacion*

\_x\_\_\_ Mail with your name and current address

\_x\_\_\_ List of all household members

\_x\_\_\_ Proof of Income and/or Lack of Income

 \_x\_\_ Paychecks stubs (one current month)

\_x\_\_ Most Recent Federal Income Tax Return

\_\_\_ Social Security Award Letter

\_\_\_ Self-employment bookkeeping sales and expenditure records

\_\_\_ Unemployment Compensation Letter

\_x\_\_ Letter of support

\_\_\_ Child Support

\_x\_\_ Most Recent Banking and/or Savings Account (if applicable)

\_x\_\_ Notice of any public assistance being received (if applicable)

\_x\_\_ Proof of any insurance (if applicable)

***Return the following application and documents to:***

**Mayra Rodriguez, Financial Assistant Specialist**

Phone: (432) 447-3551 Ext. 1157

Applicants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_