

Eligible: _____

Income Eligibility Wait List Application

_____ EFS

BG 27: _____

Appointment

_____ Date

Not Eligible: _____

ALL PARENTS IN HOME MUST BE EMPLOYED 20+ HOURS PER WEEK

_____ Time

Reason: _____

_____ PSS

_____ SPE

APPLICANT INFORMATION:

DATE: ____/____/____

Last Name: _____ First Name: _____

Address: _____ City: _____, FL Zip: _____

Home Phone: (____) _____ Cellular Phone: (____) _____

Social Security Number (Optional): _____ - _____ - _____ Birthdate: ____/____/____

Marital Status: Single Married Divorced Separated

Ethnicity: Hispanic/Latino White Black Asian US Indian Hawaiian/Pacific

APPLICANT INCOME INFORMATION:

Employer: _____ Work Phone Number: (____) _____

Supervisor Name: _____ Employer: Phone Number (____) _____

Hourly Wage: \$ _____ Hours Per Week: _____

For Our
Office
USE ONLY

SPOUSE/SIGNIFICANT OTHER INFORMATION (Only if living in the household):

Last Name: _____ First Name: _____

Social Security Number (Optional): _____ - _____ - _____ Birthdate: ____/____/____

Cellular Phone: (____) _____

Ethnicity: Hispanic/Latino White Black Asian US Indian Hawaiian/Pacific

Employer: _____ Works Phone Number: (____) _____

Hourly Wage: \$ _____ Hours Per Week: _____

ADDITIONAL MONTHLY INCOME:

Child Support/Alimony: \$ _____ TANF: \$ _____ SSI: \$ _____ Unemployment: \$ _____ Food Stamps: \$ _____

Housing Assistance \$ _____ Retirement/VA _____ Total Number in Household: _____

TOTAL ANNUAL HOUSEHOLD INCOME:

CHILD'S NAME	D.O.B.	AGE	SEX	SSN (Optional)	RACE	RELATIONSHIP
_____	____/____/____	____	____	____/____/____	____	_____
_____	____/____/____	____	____	____/____/____	____	_____
_____	____/____/____	____	____	____/____/____	____	_____
_____	____/____/____	____	____	____/____/____	____	_____
_____	____/____/____	____	____	____/____/____	____	_____
_____	____/____/____	____	____	____/____/____	____	_____

UNDERSTAND THAT CHANGES IN HOUSEHOLD SIZE AND INCOME WILL REQUIRE A RESUBMISSION OF MY APPLICATION. I HAVE READ AND UNDERSTAND ALL THE ABOVE INFORMATION. I CERTIFY THAT THE INFORMATION GIVEN ON MY APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

DATE