

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 of that apply)

- Employment
- Self-Employment
- Work First
- Food Stamps
- Child Support
- Unemployment
- Social Security
- Pension or Retirement
- Disability
- Monetary Support from Friends/Family
- Other (please specify: _____)

Additional Information

Which of the following program pathways are you interested in?

- High School Equivalency Pathway
- In-Demand Career Certification Pathway (*Healthcare, Welding, Early Childhood Education, and more*)
- English as a Second Language Pathway

Which of the following supportive services do you or someone in your household need assistance with? (Select all that apply)

- Education
- Employment
- Childcare
- Transportation
- Housing
- Health/Nutrition
- Budgeting/Credit Repair
- Community Referrals
- Self-Esteem building
- Other (please specify: _____)

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

How did you hear about Union County Community Action?

- UCCA Staff/Board Member
- Community Partner Agency
- Community Resource Fair
- Website/Social Media
- Other (please specify: _____)

Please provide the following documents to a Community Services Staff member:

- Verification of Identity for all Household Members
 - Photo ID (for all adults)
 - Birth Certificates (for all children)
 - Social Security Cards (for all adults and children)
 - Copy of Marriage (if married with two different names)
- Verification of Income for all Household Members
 - Last pay stubs from each job held in the last 90-days
 - Documentation of Work Frist benefits (including name, date and amount received)
 - Documentation of SSI/SSA/VA benefits
 - Documentation of Food Stamp benefits (EBT Card or Award Letter)

If you have any other questions, or concerns, please let us know below:

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 in order 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

Community Services Staff Signature Date

Date

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