

**BELMONT COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES
SCHOOL CLOTHES FOR KIDS PROJECT**

Applicant Name: _____ Mailing Address (if different): _____
 Street Address: _____
 City, State, Zip: _____
 Date of Application: _____ Phone: _____
 E-Mail Address: _____

Do you prefer to be contacted by phone _____ or e-mail _____?

1. LIST ALL HOUSEHOLD MEMBERS STARTING WITH YOURSELF (use back if necessary)

Name	Social Security Number	Relationship to Applicant	Age & Grade Level	Source of Income (Wages, Child Support, SSI, VA Benefits, Lump Sums)	Monthly Amount
1.		Self			
2.					
3.					
4.					
5.					
6.					

Total Monthly Income: _____

2. Have you or any other household members moved to Belmont County within the last 30 days? Yes No

3. Have you or any other household members received PRC assistance from any other county or state in the last year?
 Yes No If YES, when, how much and from which state/county? _____

4. Is anyone in your household currently under a sanction? Yes No

If Yes, explain: _____

5. What school district does your child(ren) attend: _____

6. Has anyone in your household refused or quit a job? Yes No

If Yes, explain: _____

7. Are you currently employed? Yes No If yes, please list below:

Employee: _____

Employee: _____

Employer's Name: _____

Employer's Name: _____

Employer's Address: _____

Employer's Address: _____

Telephone Number: _____

Telephone Number: _____

8. Are you: Yes No

A United States Citizen _____

A Qualified Alien _____

A Fugitive Felon _____

9. If you are not registered to vote where you live now, would you like to apply to register to vote here today (voter registration application attached)? Yes, I wish to register to vote No, I do not wish to register to vote (If you do not check either box, you will be considered to have decided not to register to vote at this time.)

10. **Designate one person to shop in your place in the event that you cannot shop: Name:** _____

(Your designee must bring a VALID PHOTO ID)

11. I understand that I MUST SPEND my entire allowance on my assigned shopping date for the allowable items and cannot shop on multiple days. Initials _____

APPLICATIONS MUST BE SUBMITTED BY AUGUST 10, 2020 AT 4:30 PM.

I swear or affirm the above information is true and correct to the best of my knowledge. I understand that providing false and/or incomplete information on this application will result in denial of this application and possible prosecution and will render me ineligible for any PRC assistance for a period of 24 months. I further understand that obtaining funds by providing false and/or incomplete information will render me ineligible for any future PRC assistance until those funds have been repaid.

Signature of Applicant

Date