



Project Share

Account # _____

New Client? _____

Returning? _____

Primary Applicants

Last Name:		First Name:	
Middle Name:		Date of Birth:	
ID / DL & Social Sec #:		Phone Number:	
Address:		City, Zip	

Household Info

Name (First & Last)	Relationship	Date of Birth	ID/DL #	Social Sec #

CDBG Info

Referred By:	Head of Household?	Age 62+?
Disabled?	Number in Household?	
<p>The following information is confidential and is used only to monitor this agency's compliance with Equal Opportunity laws. Self identification of race/ethnicity is VOLUNTARY. CHECK ONE or we will mark "Other."</p>		
<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Armenian
<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian or Alaskan Native & White	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native & Black	<input type="checkbox"/> Other
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Asian & Black/African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Black/African American & White		

Warning! Title 18, section 1001 of the United States code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the U.S

Declaration and Signature

I understand the information on this application will be used to decide and verify my eligibility for assistance. I declare, under penalty of perjury that the information provided herein is true and correct. I agree to provide BWP additional proof of income and other documentation if requested.

Client Signature: _____

Date: _____

Office Use Only

BTAC Approval		Voucher #	
BWP Approval		Voucher Amount	



Account # _____

Financials Worksheet

Monthly Income

Source	Person	Amount	Source	Person	Amount
Employment			Child Support		
Family/Friend Help			Unemployment Ins		
Pension			Social Sec / SSI		
GR / Calworks			Worker's Comp		
Food Stamps			Other Income		
				Total Income:	

Monthly Expenses

Rent / Mortgage		Groceries	
BWP		Home Telephone	
Gas Company		Home Internet	
Auto Loan / Lease		Mobile Phone	
Car Insurance		Other Insurance	
Gasoline		Medical Expenses	
		Total Expenses:	

Exemptions

Filed taxes in previous year?		Applies to:	
Has an active bank account?		Applies to:	
Gets paid in cash?		Applies to:	

Notes

Printed Name: _____

Client Signature: _____

Date: _____

Office Use Only

BTAC Approval		Voucher #	
BWP Approval		Voucher Amount	