Today's Date _____

31. AcI705en-UCheck ar h rekingfollowholdprograms<en- or ar hfamil househo isg?®Í021.

Applicant or Parent / Guardian for applicants under age 5 3OHDVH SULQW DQG XVH OHJDO

4. Name (First, Middle, Last) 5. Maiden Name 6. Birth Date

8. Apartment or suite number

9. City 10. State 11. ZIP Code

13. Apartment or suite number

14. City 15. State 16. ZIP Code

17. Cell phone number 18. Home phone number 19. Other phone number

20. May we call or leave a message? ☐ ☐

21. McI705en-USIncl2 7gu831rg (en-Uv-ell ph/Sp<</Lang (en-US)/MCID 30 >>BDC 0 -2.6692TD [(31.)-21.755I705)1a2g (en-US)/(Incl2 7mail for appointmnd? ren

☐ ☐

☐ ☐ ☐ ☐ ☐

Household Information 3OHDVH SURYLGH SURRI RI LQFRPH DQG LGHQWL4FDWLRQ

$UH \RX DSSO\LQJ IRU \RXU RZQ :–& EHQH4WV WRGD\"

27. Are you currently working? ☐ ☐

28. Is anyone else in the household working? ☐ ☐

☐ ☐

30. How many people are living in your household?

31. How many members of your household received last year's Permanent Fund Dividend? (Include even if garnished)

☐ ☐ ☐

☐

Please sign on the back.