| **Application for Assistance**  **1 Spark Foundation**  **725 E. 10th St. N.**  **Wichita, KS 67214** |
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| **Individual Information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_\_\_ S.S.# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Driver’s License or Picture ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_  Sex: M F Marital Status: S M Sep Div Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **If Married:**  Spouse’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_\_\_ S.S.# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Driver’s License or Picture ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Children:**  **Last Name First Name Gender S.S.# Date of Birth Age**  M F / /  M F / /  M F / /  M F / /  M F / /  M F / /  M F / / |
| **Income (Primary Applicant):**  Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employment Income per month: $\_\_\_\_\_\_\_ per month / Food Stamps/SNAP/SUNCAP: $\_\_\_\_\_\_\_  Unemployment per month: $\_\_\_\_\_\_ Social Security per month: $\_\_\_\_\_\_ SSI per month: $\_\_\_\_\_\_  SSD per month: $\_\_\_\_\_\_\_ AFDC: $\_\_\_\_\_\_\_ Child Support per month: $\_\_\_\_\_\_\_  Other Income per month: $\_\_\_\_\_\_\_  **Income (Spouse):**  Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employment Income per month: $\_\_\_\_\_\_\_ per month / Food Stamps/SNAP/SUNCAP: $\_\_\_\_\_\_\_  Unemployment per month: $\_\_\_\_\_\_ Social Security per month: $\_\_\_\_\_\_ SSI per month: $\_\_\_\_\_\_  SSD per month: $\_\_\_\_\_\_\_ AFDC: $\_\_\_\_\_\_\_ Child Support per month: $\_\_\_\_\_\_\_  Other Income per month: $\_\_\_\_\_\_\_ |
| **Expenses:** List all monthly expenses that your household has.  Rent: $\_\_\_\_\_\_\_ Mortgage: $\_\_\_\_\_\_\_ Electric: $\_\_\_\_\_\_\_ Cable: $\_\_\_\_\_\_\_ Phone: $\_\_\_\_\_\_\_  Water: $\_\_\_\_\_\_\_ Car Payment: $\_\_\_\_\_\_\_ House Insurance: $\_\_\_\_\_\_\_ Car Insurance: $\_\_\_\_\_\_\_  Health Insurance: $\_\_\_\_\_\_\_ Medicines: $\_\_\_\_\_\_\_ Other Medical: $\_\_\_\_\_\_\_ Food: $\_\_\_\_\_\_\_  Clothing: $\_\_\_\_\_\_\_ Tobacco Products: $\_\_\_\_\_\_\_ Alcoholic Beverages: $\_\_\_\_\_\_\_  Other Expenses: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Does anyone else pay any of your living expenses? Y N If yes, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Ethnicity:** (place X on line) ***Optional – for records only***  Hispanic/Latino \_\_\_\_\_ Non-Hispanic/Latino \_\_\_\_\_ Don’t Know \_\_\_\_\_ Refused \_\_\_\_\_  **Race:** (place X on line) ***Optional – for records only***  American Indian or Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Balck/African American \_\_\_\_\_  Native Hawiian or Other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Don’t Know \_\_\_\_\_ Refused \_\_\_\_\_  **Primary Language:** (place X on line) English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_ |
| **Homelessness:** (place X on line)  Yes, I am homeless. \_\_\_\_\_ No, I am not homeless. \_\_\_\_\_ I’m not sure: \_\_\_\_\_ Refused: \_\_\_\_\_ |
| **Veteran Status:** (place X on line)  Yes, I am a veteran. \_\_\_\_\_ No, I am not a veteran. \_\_\_\_\_ Don’t know \_\_\_\_\_ Refused \_\_\_\_\_  **Disabled Veteran:** (place X on line)  Yes, I am a disabled veteran. \_\_\_\_\_ No, I am not a disabled veteran. \_\_\_\_\_ |
| **Citizenship:** (circle Y for Yes and N for No)  US Resident? Y N US Citizen? Y N Immigrant? Y N If immigrant, how long? \_\_\_\_\_\_ |
| **Applicant Signature:** By signing this, you declare that all of the above information is accurate and true. False statements are grounds for refusing assistance.  Sign full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Applicant - do not write below this line. Office use only.** |
| **Evaluation:**  **Date Person Talked To Recommendation Yes/No** |