Application for Assistance

1 Spark Foundation
725 E. 10th St. N.
Wichita, KS 67214

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		/ /	

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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? _____

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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