



ASPIRE Self Sufficiency Program Application

Legal Name:	
Address:	Apt./Unit #:
City	State: NC Zip Code:
Mailing Address: (If different)	
Home Phone Number: ()	Cell Phone: ()
Birth Date : / / Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number (Will be requested at Intake)	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Education Level: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> HS Diploma <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> College/Tech Degree	
Email Address:	

FAMILY INFORMATION

Family Member Name	Relationship to applicant	Date of Birth	Age	Race	Gender	Ethnicity	Education

Total Number in Family (include applicant, infants, children and adults): _____

Income Source (check all applicable)

- | | | |
|--|---|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Pension/Retirement | <input type="checkbox"/> Union Benefits |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Work Study | <input type="checkbox"/> General Assistance (Monetary Contributions) |
| <input type="checkbox"/> Alimony/Child support | <input type="checkbox"/> Work First Benefits/TANF | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Worker's Compensation | |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Rental Income | |

Have you previously received assistance from us or participated in any other Action Pathways Programs? Yes No If yes, please list the programs, include dates _____

I certify that all information provided herein is true to the best of my knowledge. I am aware that this information is subject to review and verification and that I will have to provide documentation to support it. I am aware that I may be prosecuted if I have knowingly given false information in order to receive assistance.

I am aware that I may be denied assistance if I am found ineligible. I understand that I have the right to appeal any denial of service or assistance for which I may be eligible.

I allow release of information contained herein for the purpose of verification of my situation.

Applicant's Signature

Date

For Office Use Only: Orientation Scheduled: _____ Attended: Yes No
 Assessment Date: _____ Interviewed by: _____
 Status: enrolled denied re-apply over-income referral



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