



# EL PASO COUNTY GENERAL ASSISTANCE OFFICE

## APPLICATION

### 1. You and People Who Live with You

List names and information for yourself and all the people who live with you

Name (First and Last)	Social Security #	Sex M=Male F=Female	Date of Birth	Age	Race A=Asian B=Black W=White	Ethnicity H= Hispanic NH=Non Hispanic	Citizenship US=United States R=Resident	Disabled YES / NO	Veteran YES / NO
(YOU)									

### 2. Address

Write in your current physical and mailing address

Home Address – Physical Address	City	State	Zip Code	Telephone Contact #
Mailing Address if Different from home address	City	State	Zip Code	Work Phone #

Have you or any household member ever been assisted by this office?  Yes  No

If yes please provide full name and date assisted. \_\_\_\_\_

### 3. Income

A. Checkmark all sources of income including benefits for all household members within the last 30 days.

- |   |  |   |                                      |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Employment             | <input type="checkbox"/> TANF              | <input type="checkbox"/> Social Security        | <input type="checkbox"/> Retirement  |
| <input type="checkbox"/> Unemployment           | <input type="checkbox"/> Child Support     | <input type="checkbox"/> Veteran's Compensation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Workman's Compensation | <input type="checkbox"/> Food Stamps _____ | <input type="checkbox"/> Veteran's Pension      |                                      |

B. List all the income information for each household member:

Person with Income	Income From?	Amount Before Taxes	How Often? Weekly, Biweekly, Monthly

C. Which best describes your home costs?

- Public Housing \_\_\_\_\_  Renting \_\_\_\_\_  Living with Other \_\_\_\_\_ Home Owner \_\_\_\_\_ Other \_\_\_\_\_

\*DISCLAIMER: I AM AWARE THAT IF THE INFORMATION PROVIDE IN THIS APPLICATION IS FOUND TO BE FALSE, I WILL BE SUBJECT TO CRIMINAL, CIVIL AND ADMINISTRATIVE PENALTIES AND SANCTIONS. BY SIGNING BELOW THE APPLICANT UNDERSTANDS THAT THIS APPLICATION IS NOT A GUARANTEE OF PAYMENT OR ASSISTANCE. THIS OFFICE IS AUTHORIZED TO OBTAIN INFORMATION NECESSARY TO DETERMINE ELIGIBILITY.

SIGNATURE OF APPLICANT		DATE		SIGNATURE OF SPOUSE		DATE	
<b>FOR OFFICE USE ONLY</b>	Date Received	Appt. Date & Time	Resched. Date & Time	Caseworker Name	Code		