**Family Support Division**

**Application for Benefits**

I am applying for: (circle)

**Food Stamps VocRehab SSI Rent Assistance**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Felony Convictions? **Yes** or **No** List if yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Money on Hand:\_\_\_\_\_\_\_\_\_\_\_ Monthly income;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Rent & Utilities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family size: **Self Only** -- or -- **Self and** \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only below this Line

Your application has been reviewed and

DENIED

* Or -

APPROVED for the following benefits and amounts:

Food Stamps- \_\_\_\_\_\_\_\_\_\_\_/month

VocRehab- \_\_\_\_\_\_\_\_\_\_\_/month

Rent Assistance-\_\_\_\_\_\_\_\_\_/month

SSI \_\_\_\_\_\_\_\_\_\_\_/month

**This form is to remain at the Social Services Office for future reference.**