

(PLEASE READ THE ATTACHED INSTRUCTIONS BEFORE COMPLETING YOUR APPLICATION)

PART 1: PRIMARY APPLICANT									
SSN									
NAME:									
ADDRESS:									
TELEPHONE							EXT:		
EMAIL									

PART 2: CO – APPLICANT*									
SSN									
NAME:									
ADDRESS:									
TELEPHONE							EXT:		
EMAIL									

PART 3: DETAILS OF MEANS - WEEKLY INCOME FOR YOURSELF AND CO-APPLICANT			
SOURCE	YOURSELF	CO-APPLICANT	DETAIL
Social Welfare Payments (WIC / GR)			
Social Security Payments			
Wages/Salary (include current pay slip)			
Self-Employment (including Farming)			
Sick Pay/Income Protection Schemes			
Occupational Pensions(s)			
Maintenance Payments (Alimony, Child Support)			
Foster Care Allowance Payments			
Any other sources e.g. Investments, Property etc. Please Specify			

PART 4: DETAILS OF ALL INDIVIDUALS RESIDING WITH YOU										
	NAME	DOB	ID	RELATIONSHIP	Check the appropriate box for the age of the individual					
					AD	CO	TN	CH	TD	BY
1										
2										
3										
4										
5										
6										



CLOTHING VOUCHER APPLICATION

DATA CLASSIFICATION: **CONFIDENTIAL**

INSTRUCTIONS FOR COMPLETING THIS APPLICATION FORM

PLEASE USE CAPITAL LETTERS

PART 1 Enter your Social Security Number, Name, Address and contact details. For Non-Citizen Authorized Residents, please enter the number on your Permanent Resident Card (Form I-551).

PART 2: Enter your Co-Applicants Social Security Number, Name, Address and contact details. For Non-Citizen Authorized Residents, please enter the number on your Permanent Resident Card (Form I-551).

PART 3: Enter the **weekly** income for yourself and your co-applicant. Provide details on a separate page if there is insufficient room on the form.

If you or your co-applicant is employed, you should attach a recent pay slip to the application form.

If you are in receipt of maintenance income (alimony, child support), a copy of your maintenance order, separation agreement or other verifying evidence must be provided.

If you are in receipt of income from any other source e.g. investments, property etc., verification of this income must be provided.

PART 4: **A maximum of 6 individuals per family is allowed.** List the names and dates of birth of your dependent child/children and relationship to you. Indicate "parent" in the Relationship to you" column for yourself and co-applicant (if you and your co-applicant want to be issued vouchers.) Here are the age codes required.

<i>Age of Recipient</i>	<i>Group ID</i>	<i>Code</i>
Ages 21 - Older	ADULT	AD
Ages 18 – 20	COLLEGE	CO
Ages 12 – 17	TEENAGER	TN
Ages 6 – 11	CHILD	CH
Ages 3 – 5	TODDLER	TD
Infants – 2	BABY	BY

PART 5: Tell you your story.

PART 6: Read and sign the declaration verifying the information recorded.

Incomplete applications, including those which omit supporting information/documentation regarding income, employment, residency status, will not be processed.