



CLIENT APPLICATION & DATA INFORMATION FORM

Client # _____

Income % _____

By filling out this form and signing it, you promise to truthfully provide all information requested by C.A.L.L. Ministries. To receive services from C.A.L.L. Ministries, you must provide documentation to verify all supplied information in a timely manner. This documentation includes:

1. Proof of address
2. Formal identification for each household member
3. Proof of household income

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S PHONE: _____

Please list all people living in household:

NAME	AGE	INCOME (List <u>every</u> source of income if 18 or older)		INCOME FREQUENCY Circle One (Weekly, Biweekly, Monthly, Annually)	Income Info.	S.S, Card or Birth Cert.	Proof of Add.
1.		Income \$	Source	W B M A			
		Income \$	Source	W B M A			
2.		Income \$	Source	W B M A			
		Income \$	Source	W B M A			
3.		Income \$	Source	W B M A			
		Income \$	Source	W B M A			
4.		Income \$	Source	W B M A			
		Income \$	Source	W B M A			
5.		Income \$	Source	W B M A			
		Income \$	Source	W B M A			
6.		Income \$	Source	W B M A			
		Income \$	Source	W B M A			
7.		Income \$	Source	W B M A			
		Income \$	Source	W B M A			
8.		Income \$	Source	W B M A			
		Income \$	Source	W B M A			
9.		Income \$	Source	W B M A			
		Income \$	Source	W B M A			
10.		Income \$	Source	W B M A			
		Income \$	Source	W B M A			

List anyone NOT in your household that you allow to pick up food for you:

(Applicant's signature)

(Date)

(Knowinglly supplying false or misleading information will disqualify this applicant for at least twelve months)



CERTIFICATION OF ZERO HOUSEHOLD INCOME

Client's Name: _____

Client's Address: _____

1. I hereby certify that no one in my household receives any income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.)
 - b. Income from operation of a business
 - c. Rental income from real or personal property
 - d. Interest or dividends from assets
 - e. Social Security payments, annuities, insurance policies, retirement funds, pension or death benefits
 - f. Unemployment or disability payments
 - g. Public assistance payments
 - h. Periodic allowances such as alimony, child support or gifts received from persons not living in my household
 - i. Sales from self-employment resources (such as Avon, Mary Kay, Amway, etc.)
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status in the next thirty days.
3. I will be using the following resources of funds to pay for rent and other necessities until income is established: _____

A. Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false or misleading representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of my benefits.

(Applicant's Signature)

(Date)

B. Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false or misleading representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of my benefits.

(Applicant's Signature)

(Date)

C. Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false or misleading representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of my benefits.

(Applicant's Signature)

(Date)