

APPLICATION

Any information you disclose on this form will not be shared with anyone outside of Families Moving Forward staff.

Application Date: _____

Applicant Name: _____

Phone Number: _____ Alt. Phone Number: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Home Address (if different): _____

City: _____ State: _____ ZIP Code: _____

Gender: _____ DOB: _____ Disability? Yes No

Other household members:

Name	Relationship to You	Gender	DOB	Disability? Y/N

Marital Status:

- Married
- Co-Habiting
- Divorced
- Single
- Legally Separated
- Widowed
- Decline to disclose

Ethnicity:

- Hispanic/Latino
- Non-Hispanic/Latino
- Decline to disclose

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other – Multi-Racial
- Decline to disclose

Language: Please rank your English proficiency:

1	2	3	4	5	6	7	8	9	10
No ability to speak English					Proficient ability to speak English				

What language(s) is/are currently spoken in your home? _____

Housing: Which best describes your housing situation?

- Public Housing: Please list name of development _____
- Project-Based Section 8: Please list name of development _____
- Mobile/Tenant Based Section 8/MRVP
- Inclusionary Housing
- Market-rate Rental Housing
- Home Ownership
- Subsidized Home Ownership
- Doubled-Up
- Other: _____

Education: What is the highest level of education you have completed?

- No schooling completed
- Some high school
- High school diploma
- GED/Hi-SET
- Job Training Program (non-certificate)
- Trade/Vocational School Certification or License
- Some college
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Doctorate Degree
- Other graduate/professional degree
- Other: _____
- Decline to Disclose

Are you currently in school or working toward any degree or certificate?

- Yes
- No

If YES, where? _____

What is the degree or certificate you are working toward?

Income: What income is your household receiving? (Please include the income from all household members.)

- Work earnings: _____
 - Where are you working? _____
 - What is your job title? _____
 - How long have you been working here? _____
 - What is your salary or hourly rate? _____
 - If hourly, how many hours do you work a week? _____
 - Is this a seasonal or temporary job? _____
- Unemployment Insurance: _____
- SSI: \$ _____
- SSDI: \$ _____
- TAFDC: \$ _____
- Child Support: \$ _____
- Pension/Social Security: \$ _____
- Other: \$ _____
- No income

Non-Cash Benefits: What other benefits is your household receiving?

- SNAP: \$ _____
- WIC: \$ _____
- Childcare Voucher or Subsidy
- Temporary Rental Assistance
- Other: _____

Health Insurance: Are you covered by Health Insurance?

- MassHealth – MEDICAID
- MEDICARE
- Commonwealth Care Health Insurance Program (run by the Health Connector)
- Employer-provided Health Insurance: _____
- Private pay: _____
- COBRA
- VA Benefit Health Insurance
- Other: _____

Referral: How did you hear about this program?

Personal Statement: Why do you want to participate in this program?

7. Are you willing to commit to working with a mentor for at least three years?

- Yes
- No

Authorization: By signing below, I am certifying that the above statements are true and that I can produce documentation upon request.

Signature

Date

When you complete this application, please send it to Tessa Byer at Just-A-Start via email at tessabyer@justastart.org, fax at 617-494-8238, or mail at 1035 Cambridge St., Ste. 12, Cambridge, MA 02141.

For staff use only:

Date application received: _____

Is application complete? YES/NO If No, action taken: _____

Is applicant eligible? YES/NO If No, action taken: _____

Interview scheduled: _____

Comments: _____