



****PLEASE RETURN COMPLETED
APPLICATION TO:
Centro Campesino Farmworker Center, Inc.
C/O Mayra Rodriguez
P.O. Box 343449
Florida City, FL 33034**

PRE-INTAKE APPLICATION

NAME: _____ SOCIAL SECURITY #: (last 4 digits) _____

PHONE NO: _____ ALTERNATE PHONE NUMBER: _____

UNIT ADDRESS: _____ CITY: _____ ZIP _____

MAILING ADDRESS: _____ CITY: _____ ZIP _____

COUNTY: _____ ARE YOU A VETERAN? YES _____ NO _____

FARMWORKER: YES _____ NO _____ AGE: _____ DATE OF BIRTH: _____

TOTAL # OF PEOPLE RESIDING IN HOUSE: _____ GENDER: MALE: _____ FEMALE: _____

CLIENT RACE:

____ BLACK OR AFRICAN AMERICAN

____ WHITE

____ NATIVE AMERICAN

____ HISPANIC OR LATINO

____ ASIAN

____ OTHER; PLEASE SPECIFY _____

TYPE OF HOME (CHECK ONE):

____ OCCUPIED HOME

____ MOBILE ____ SITE BUILT

____ RENTER OCCUPIED

____ MOBILE ____ SITE BUILT

ENTER # OF HOUSEHOLD MEMBERS WITH THE FOLLOWING CHARACTERISTICS:

____ ELDERLY (60 & older)

____ DISABLED (Proof must be submitted)

____ CHILDREN (2 & under)

____ CHILDREN (3 to 5 years)

____ CHILDREN (6 to 12 years)

UTILITY BILL AMOUNT AT TIME OF APPLICATION: \$ _____

UTILITY COMPANY NAME: _____ ACCOUNT # _____

ARE YOU A LIHEAP REFERRAL? ____ YES ____ NO

Please Initial:

____ I understand that this is the initial application and in order to complete the application process, supporting documentation must be provided consisting of copies of a clear photo ID for head of household, Proof of homeownership, Total household income, Proof of disability if claiming disability, Most recent utility bill, Social security cards / documentation for **all household members and head of household.**

____ I understand that I will be prioritized for receiving services and that my position on the waiting list may be adjusted due to other applicants scoring higher points. Also, my final total points score may be adjusted based upon the agency review of the supporting documentation.

CLIENT SIGNATURE

DATE

PLEASE PROVIDE GROSS ANNUAL INCOME:

EMPLOYMENT \$ _____

RETIREMENT \$ _____

UNEMPLOYMENT COMPENSATION \$ _____

T.A.N.F. \$ _____

SOCIAL SECURITY \$ _____

SUPPLEMENTAL INCOME (SSI) \$ _____

OTHER (type) \$ _____

TOTAL HOUSEHOLD INCOME \$ _____

Modified 03/25/2014