



DATE: / / 2018

Only One Membership Required Per Household

Last 4 digits of Social Security

Last:

First:

Street: Apt#

City: State: Zip:

County: St. Lucie Indian River Martin Other _____

Date of Birth: Ph#

Email:

Race (Circle) African American White Hispanic Haitian Asian Indian Other

Number of People in Household 1 2 3 4 5 6 7 8 9

(Circle one) Employed Unemployed Retired Disability-benefits Homeless

All Household Incomes ** REQUIRED **

Employment	Monthly \$	<input type="text"/>
Social Security	Monthly \$	<input type="text"/>
SSI SSDI	Monthly \$	<input type="text"/>
Child Support	Monthly \$	<input type="text"/>
Unemployment	Monthly \$	<input type="text"/>
Food Stamps	Monthly \$	<input type="text"/>
Total of Household Incomes *	\$	<input type="text"/>

Please Have Photo
ID
Ready

US Citizen Yes or No

Driver's License Yes or No

Veteran Yes or No

Married Single Divorced Widowed Separated

I certify that I am eligible by the standards of United Against Poverty, Inc. for services. Eligibility is determined by the income eligibility chart posted at the Welcome Desk. This chart is for determining that I am living at or below the 200% of poverty level. I hereby verify that the info provided is correct and that I am currently living at the address I entered above. I give UAP permission to share this information with other agencies for the sole purpose of better serving my needs for one year.

Signature X Date:

UAP Staff Signature _____ Date: _____