



DATE: / / 2021

Only One Membership Required Per Household

Card #

Last:

First:

Street:  Apt#

City:  State:  Zip:

County: \_\_\_\_\_

Date of Birth:    Ph#

Email:

Race (Circle) **African-American** **White** **Haitian** **Asian** **Native American** **Other**  
 Ethnicity (Circle) **Hispanic** **Non-Hispanic**

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

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

(Circle one) Employed Unemployed Retired Disability-benefits Homeless

All Household Incomes <b>** REQUIRED **</b>		
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"/>
SNAP Benefits	Monthly \$	<input type="text"/>
<b>Total of Household Incomes *</b>	<b>\$</b>	<input type="text"/>

Please Have Photo  
**ID**  
Ready

**Government Issued ID** 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. (UP) 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 UP permission to share this information with other agencies for the sole purpose of better serving my needs for two years from the date of this application.

Signature X  Date:

UP Staff Signature : \_\_\_\_\_ Date: \_\_\_\_\_