

Family Support Division Application for Benefits

I am applying for: (circle)

Food Stamps

VocRehab

SSI

Rent Assistance

Name _____ Address _____

Felony Convictions? **Yes** or **No** List if yes _____

Money on Hand: _____ Monthly income; _____ Source: _____

Current Rent & Utilities: _____ Family size: **Self Only** -- or -- **Self and** _____

Signature _____ Date _____

Office Use Only below this Line

Your application has been reviewed and

DENIED ☐

- Or -

APPROVED ☐ for the following benefits and amounts:

Food Stamps- _____/month

VocRehab- _____/month

Rent Assistance- _____/month

SSI _____/month

This form is to remain at the Social Services Office for future reference.