IF YOU DO NOT COMPLETE THIS PAGE YOU CANNOT BE CONSIDERED FOR THE SEEK PROGRAM

MUST BE FILLED OUT BY APPLICANT PRINTED IN BLACK OR BLUE INK.

PRINT NAME _____

SOCIAL SECURITY #_____-_____-_____

HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?

Count only those including yourself who depend on you or your parents for financial support. _____

THE PEOPLE WHO LIVE IN YOUR HOUSEHOLD ARE:

☐Mother and Father ☐Mother and Stepfather ☐Father and Stepmother ☐ Mother only ☐Father only

☐Other guardian(s): Explain (for example: aunt and uncle, grandmother, older brother, foster parents, etc.)

_____

☐Other members of household: Explain (for example: spouse, friend, etc.)_____

☐I live alone

DO YOU HAVE ANY DEPENDENT CHILDREN? ☐YES ☐ NO If yes, how many?_____

HOW MANY OF THE PEOPLE WHO LIVE IN YOUR HOUSEHOLD ARE WORKING?_____

List all working members of your household

NAME	RELATIONSHIP

FAMILY INCOME: - How much money does your family receive yearly from each source listed below (based on your latest Income Tax Return)?

SOURCE	AMOUNT EARNED YEARLY
1. Gross pay of your father/stepfather or male guardian	$ _____
2. Gross pay of your mother/stepmother or female guardian	$ _____
3. Income from parents not living in your household	$ _____
4. Support from spouse not living at home	$ _____
5. Gross pay of your wife or husband	$ _____
6. Rent received from property owned by your family	$ _____
7. Dividends, interest or other income from Investments	$ _____
8. Social Security	$ _____
9. Veteran's pension	$ _____
10. Other pension: Explain _____	$ _____
11. Welfare (public assistance, Aid to Dependent Children, etc.)	$ _____
12. Unemployment Insurance	$ _____
13. Your own gross pay: how many hours per week do you work?	$ _____
14. Income of other members of your household	$ _____
TOTAL	$ _____

If you have lived at your present address less that 1 year please indicate:

Your previous address: _____

Street City State Zip

How long you had lived at that address: _____

Father's full name _____

Father living? ☐ yes ☐ no

Father's residence _____

Street

_____

City State Zip

Father's occupation _____

Father's business address_____

Street

_____

City State Zip

Mother's full name _____

Mother living? ☐ yes ☐ no

Mother's residence _____

Street

_____

City State Zip

Mother's occupation _____

Mother's business address_____

Street

_____

City State Zip

CERTIFICATION:

I (we) certify that the information stated in this application is accurate and complete and that I (we) agree to provide what documentation may be required including copies of my (our) Federal Income Tax return to verify the information.

_____

Signature Date

FORM MUST BE SUBMITTED TO LISA SPELLER IN ROOM S-110, TELEPHONE 718-270-6138