CLIENT APPLICATION

FOR BRAINTREE RESIDENTS ONLY

MAKE SURE TO WRITE LEGIBLY

NAMES OF ALL ADULTS IN THE HOUSEHOLD (ANYONE OVER THE AGE OF 18**):**

EVERY ADULT MEMBER MUST SHOW ALL DOCUMENTATION TO BE CONSIDERED

NAME ADULT #1 :_____
DATE OF BIRTH ADULT #1:_____
FORM OF IDENTIFICATION:_____

NAME ADULT #2:_____
DATE OF BIRTH ADULT #2:_____
FORM OF IDENTIFICATION:_____

NAME ADULT #3:_____
DATE OF BIRTH ADULT #3:_____
FORM OF IDENTIFICATION:_____

NAME ADULT #4:_____
DATE OF BIRTH ADULT #4:_____
FORM OF IDENTIFICATION:_____

ADDRESS:_____

PHONE:_____

FOR ADULTS BEING SUPPORTED BY THEIR ADULT CHILDREN WE WILL NEED TO SEE HOUSEHOLD INCOME, MEANING EVERY ADULTS INCOME IN THE HOUSEHOLD.

CHILD #1:_____
DATE OF BIRTH CHILD #1:_____
FORM OF IDENTIFICATION:_____

CHILD #2:_____

DATE OF BIRTH CHILD #2:_____

FORM OF IDENTIFICATION:_____

CHILD #3:_____

DATE OF BIRTH CHILD #3:_____

FORM OF IDENTIFICATION:_____

CHILD #4:_____

DATE OF BIRTH CHILD #4:_____

FORM OF IDENTIFICATION:_____

ALL OF THE FOLLOWING DOCUMENTATION IS REQUIRED AT INITIAL VISIT. ANY DOCUMENTATION NOT BROUGHT AT THIS TIME WILL DELAY CONSIDERATION:

1. **DRIVERS LICENSE/PASSPORT/IDENTIFICATION**
2. **PROOF OF RESIDENCY (UTILITY BILL)**
3. **COPY OF CURRENT LEASE OR MORTGAGE**
4. **PROOF OF ALL INCOME (PAY STUBS, UNEMPLOYMENT, AFDC, SSI/SSDI, CHILD SUPPORT & ANY OTHER INCOME) FOR ALL ADULT MEMBERS OF HOUSEHOLD**
5. **BIRTH CERTIFICATES FOR ALL CHILDREN**
6. **SNAP BENEFITS**

***NO DOCUMENTATION WILL BE RETAINED BY US. IT WILL BE USED SOLELY TO VERIFY NEED**

SIGNATURE:_____ **DATE:**_____

SIGNATURE:_____**DATE:**_____

<u>LEASE:</u>

      MORTGAGE/RENT   **$_____ EXPIRES_____**

<u>INCOME:</u>

PLEASE WRITE IN DOLLAR AMOUNT ONLY IF **CONFIRMED WITH DOCUMENTATION**
EVERY ADULT MEMBER OF HOUSEHOLD MUST SHOW DOCUMENTATION TO BE CONSIDERED

SSI/SSDI $_____(ADULT 1)
_____(ADULT 2)
_____(ADULT 3)
_____(ADULT 4)
PLEASE WRITE IN ONLY IF **CONFIRMED WITH DOCUMENTATION**

UNEMPLOYMENT $_____(ADULT 1)
_____(ADULT 2)
_____(ADULT 3)
_____(ADULT 4)
PLEASE WRITE IN ONLY IF **CONFIRMED WITH DOCUMENTATION**

CHILD SUPPORT $_____
PLEASE WRITE IN ONLY IF **CONFIRMED WITH DOCUMENTATION**

AFDC $_____
PLEASE WRITE IN ONLY IF **CONFIRMED WITH DOCUMENTATION**

PAY STUBS $_____ (ADULT 1)
_____(ADULT 2)
_____(ADULT 3)
_____(ADULT 4)

ALL OTHER INCOME $_____(ADULT 1)
_____(ADULT 2)
_____(ADULT 3)
_____(ADULT 3)

PLEASE WRITE IN ONLY IF **CONFIRMED WITH DOCUMENTATION**

SNAP: $_____

FOR THE FOLLOWING ONLY CIRCLE **IF SEEN**

COPY OF ID: [YES / NO]

COPY OF BIRTH CERTIFICATES FOR CHILDREN: [YES / NO]

IS CLIENT :

    [APPROVED / DENIED]

IS CLIENT:

    PENDING/WAITING ON DOCUMENTATION [YES / NO }

    SIGNATURE OF
    COUNSELOR_____

    DATE:_____