



DISASTER RELIEF CASH ASSISTANCE PROGRAM APPLICATION FORM

TO BE COMPLETED BY THE OFFICIAL STAFF ONLY :

Date of Application : _____

Document Number : _____

Eligible Household Size : _____

Date Processed : _____

Processed by : _____
 Print Name

PLEASE PRINT CLEARLY IN BLACK OR BLUE INK

Name of Applicant

Last	First	MI	Social Security Number	Date of Birth
Mailing Address		City	State	Zip Code
Home Address			Home Phone	Work Phone
Email Address			Cell Phone	Alternate Phone

HOUSEHOLD MEMBERS

LIST YOURSELF AND ALL PERSONS WHO LIVE WITH YOU. THE ELIGIBILITY SPECIALIST WILL DETERMINE WHO QUALIFIES FOR ASSISTANCE.				CITIZENSHIP	ETHNICITY	RELATIONSHIP (to head of household)	PREGNANT (Check Mark)	DISABLED (Check Mark)	HIGHEST GRADE LEVEL COMPLETED	CURRENTLY PARTICIPATING IN:					ELIGIBLE?
										MEDICAID	SNAP	MIP	CASH	CHILD CARE	
1. Your Name (Last, First, M.I.)			SEX	ALIEN NUMBER											Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS	DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N
2. Name (Last, First, M.I.)			SEX	ALIEN NUMBER											Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS	DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N
3. Name (Last, First, M.I.)			SEX	ALIEN NUMBER											Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS	DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N
4. Name (Last, First, M.I.)			SEX	ALIEN NUMBER											Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS	DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N
5. Name (Last, First, M.I.)			SEX	ALIEN NUMBER											Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS	DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N
6. Name (Last, First, M.I.)			SEX	ALIEN NUMBER											Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS	DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N
7. Name (Last, First, M.I.)			SEX	ALIEN NUMBER											Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS	DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N
8. Name (Last, First, M.I.)			SEX	ALIEN NUMBER											Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS	DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N
9. Name (Last, First, M.I.)			SEX	ALIEN NUMBER											Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS	DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N
10. Name (Last, First, M.I.)			SEX	ALIEN NUMBER											Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS	DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N

INCOME CODES

USE THESE CODES TO COMPLETE INCOME INFORMATION.

EARNED INCOME CODES

Civil Service (Federal) Employment ----- FG
 Government of Guam Employment ----- GG
 Military Earnings ----- MA
 Private Enterprise Income ----- PE
 Other ----- OT

UNEARNED INCOME CODES

Alimony and Child Support ----- AY
 Civil Service (Federal) Retirement ----- FR
 Dividends and Interest ----- DI
 Foster Care Payments ----- FO
 GHURA Subsidy (Utilities) ----- GH
 Government of Guam Retirement ----- GR
 Life Insurance Benefits ----- LI
 Lump Sum Payments ----- LP
 Military Exchange Retirement ----- MX
 Money From Friends, Relatives, Etc. ----- MO
 Payments For Property Sold ----- PP
 Property Rent Payments ----- PR
 Scholarship, Fellowship, Loan ----- SC
 Social Security Benefits ----- SS
 Striker's Benefits ----- ST
 Supplemental Security Income (SSI) ----- SI
 Veteran's Pension ----- VA
 Welfare Payments (Including GA) ----- PA

EARNED INCOME

PLEASE BRING TWO (2) RECENT EMPLOYMENT CHECK STUBS, USE THE CODES LISTED ABOVE TO INDICATE THE TYPE OF EARNED INCOME. DESCRIBE ANY INCOME LISTED AS "OT" (OTHER). FOR HOW OFTEN PAID, SPECIFY IF DAILY, WEEKLY, BI-WEEKLY, SEMI-MONTHLY OR MONTHLY.

NAME OF HOUSEHOLD MEMBER RECEIVING INCOME (Last, First, M.I.)	TYPE OF EARNED INCOME		DATE EMPLOYED	HOW OFTEN PAID	GROSS AMOUNT
	CODE	PLACE OF EMPLOYMENT			
					\$
					\$
					\$
					\$
					\$
					\$
					\$

SELF-EMPLOYMENT INCOME

PLEASE BRING MOST RECENT 1040 TAX FORM AND 12 MOST RECENT GROSS RECEIPT TAX FORMS.

NAME OF HOUSEHOLD MEMBER RECEIVING INCOME (Last, First, M.I.)	TYPE OF SELF-EMPLOYMENT	DATE EMPLOYED	HOW OFTEN PAID	GROSS AMOUNT
				\$
				\$
				\$

YOUR CERTIFICATION

BEFORE SIGNING THIS APPLICATION, GO BACK AND CHECK THAT YOU HAVE ANSWERED EACH QUESTION. MAKE YOU SURE UNDERSTAND EACH QUESTION AND YOUR ANSWERS ARE CORRECT AND COMPLETE TO THE BEST OF YOUR KNOWLEDGE.

Signature (OR MARK) of Applicant

Date

Witness if Signature is 'X'

Date

Signature (OR MARK) of Spouse

Date

CERTIFICATION BY THE PROCESSOR

I CERTIFY THE APPLICANT IS ELIGIBLE BASED ON THE INFORMATION PROVIDED IN THE APPLICATION.

Processor Signature

Date

Printed Name