

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES



DIVISION OF PUBLIC WELFARE * Bureau of Economic Security
590 S. Marine Corps Drive, Tamuning, Guam 96913-3532

DISASTER RELIEF CASH ASSISTANCE PROGRAM APPLICATION FORM

TO BE COMPLETED BY THE OFFICIAL STAFF ONL	Y:
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	L	State	Zip Code			
				II Dhana	World Dhono			
Home Address				Home Phone	Work Phone			
Email Address			Cell Phone	Alternate Phone				

HOUSE	HOLD MEMBERS														
LIST YOURSELF AND ALL P			IP (plosehold)					Р	CURRENTLY PARTICIPATING IN:						
ELIGIBILITY SPECIALIST WII ASSISTANCE.	LL DETERMINE WHO QUA	ALIFIES FOR		CITIZENSHIP	ETHNICITY	RELATIONSHIP (to head of household)	PREGNANT (Check Mark)	DISABLED (Check Mark)	HIGHEST GRADE LEVEL COMPLETED	MEDICAID	SNAP	MIP	CASH	CHILD CARE	ELIGIBLE?
1. Your Name (Last, First, M.I.)		SEX	ALIEN NUMBER												Υ
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS	DATE OF ENTRY	ABSE	ENT PA	ARENT	NAME	(Last,	 First, M.I	l.)					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	ABSE	ENT PA	ARENT	NAME	(Last,	First, M.	l.)		l			N
3. Name (Last, First, M.I.)		SEX	ALIEN NUMBER												Υ
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS	DATE OF ENTRY	ABSI	ENT PA	ARENT	NAME	(Last,	First, M.	l.)		I			N
4. Name (Last, First, M.I.)		SEX	ALIEN NUMBER			2									Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS	DATE OF ENTRY	ABSI	ENT PA	ARENT	NAME	(Last,	First, M.	1.)		1	<u> </u>		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	ABSI	ENT P	ARENT	NAME	(Last,	First, M.	l.)	l		L		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	ABS	ENT P	ARENT	NAME	(Last,	First, M.	I.)	1			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	ABS	ENT P	ARENT	NAME	(Last,	First, M.	I.)	1			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	ABS	ENT P	ARENT	NAME	(Last,	First, M.	l.)		1	1	·	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	ABS	ENT P	ARENT	NAME	(Last	, First, M.	.l.)					N
10. Name (Last, First, M.I.)	1	SEX	ALIEN NUMBER												Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS	DATE OF ENTRY	ABS	ENT P	ARENT	NAME	(Last	, First, M	.l.)	•			1 2	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	TY	PE OF EARNED INCOME	DATE EMPLOYED	HOW OFTEN	GROSS
(Last, First, M.I.)	CODE	PLACE OF EMPLOYMENT	DATE EMPEOTED	PAID	AMOUNT
					\$
					\$
					\$
	i				\$
	İ				\$
					\$
					\$

DI FACE DDING MOST DECENT 1040 TAY FORM AND 12 MOST RECENT GROSS RECEIPT TAY FORMS

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 AMOUNT									
				\$					
				\$					
				\$					

SELF-EMPLOYMENT INCOME

UNEARNED INCOME

USE THE CODES IN PAGE \$ TO INDICATE THE TYPE OF UNEARNED 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		TYPE OF UNEARNED INCOME	HOW OFTEN	GROSS	
(Last, First, M.I.)	CODE	DESCRIBE OTHER	PAID	AMOUNT	
				\$	
	!			\$	
	i			\$	
	1			\$	
	1			\$	
	!			\$	
				\$	
	1			\$	
	1			\$	
	1			\$	

EMPLOYMENT HISTORY

PLEASE REPORT THE LAST EMPLOYMENT FOR EACH MEMBER OF THE HOUSEHOLD.

			DATES EN	IPLOYED						
	EMPLOYEE NAME (Last, First, M.I.)	EMPLOYER NAME AND ADDRESS	FROM	то	REASON FOR LEAVING	MONTHLY GROSS INCOME				
	(Laoi, 1 noi, min)		MONTH/YEAR	MONTH/YEAR						
						\$				
						\$				
						\$				
						\$				
						\$				
						\$				
						\$				
						\$				
						\$				
Γ						\$				

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 T	HE PROCESSOR							
I CERTIFY THE APPLICANT IS ELIGIBLE BAS	SED ON THE INFORMATION	ON PROVIDED IN THE APPLICATION.							
*									
Processor Signature	Date								
_									
Printed Name									