

Application for Help

Please list as N/A if the answer is not applicable to you. **We respect your privacy.** Under no circumstances, will we disclose any information you provide to us to any other person, private individuals, organizations, or agencies without your direct consent. This includes any current or previous employers as well.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Annual Household Income: _____ Date of Birth: _____

Dates and Times available to meet: _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a history of incarceration?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have pending court cases?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you currently have substance abuse issues?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If yes to any of the above, please explain: _____

Are you a veteran? If so, type of discharge: _____

Are you receiving any assistance from other nonprofits and/or agencies? If so, please list: _____

Education

High School: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Emergency Contact Information

Name: _____

Phone: _____

Email: _____

Address: _____

Tell us your story (Include what kind of help would be most beneficial to you)

Disclaimer and Signature

I certify that the information above is true and complete to the best of my knowledge. By signing this form, I affirm that the facts set forth in it are true and complete. I understand that this form neither obligates nor guarantees my eligibility to receive services from Tri Valley Wholeness Project. I understand that if I am accepted, any false statements, omissions, or other misrepresentations made by me on this form may result in my immediate dismissal.

Signature: _____ Date: _____