

## Program Interest and Evaluation Form

### Section 1 – Applicant Information

Name: \_\_\_\_\_  
Last                      First                      Middle                      Initial

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail \_\_\_\_\_ Gender:  Male  Female

Marital Status:  Single  Married  Widowed  Divorced

Are you a:  U.S. Citizen  Permanent Resident  Alien: Alien number A: \_\_\_\_\_

### Section 2 – Household Members

NAME	RELATIONSHIP	AGE	HOUSEHOLD RACE	HOUSEHOLD TYPE	MONTHLY INCOME	HISPANIC Y/N
<i>Ex. John Smith</i>	<b>SELF</b>	<b>81</b>	<b>13</b>	<b>2</b>	<b>\$658.00</b>	<b>N</b>

- |                       |   |   |
|-----------------------|---|---|
| <b>Household Type</b> | <b>Household Race</b>                       |   |
| 1-Single, non-elderly | 11-White                                    | 16-American Indian or Alaska Native & White                     |
| 2-Elderly             | 12-Black or African American                | 17-Asian & White  |
| 3-Single Parent       | 13-Asian                                    | 18-Black or African American & White                            |
| 4-Two parents         | 14-American Indian or Alaska Native         | 19-American Indian or Alaska Native & Black or African American |
| 5-Other               | 15-Native Hawaiian or Alaska Native & White | 20-Other Multi Racial   |

*Penalty for fraud: This program is voluntary. The undersigned being warned that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements and the like may jeopardize the validity of the application or document or any registration resulting therefrom, declares that all statements made of his/her own knowledge are; and statements made on information and belief are believed to be true.*

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### FOR OFFICE USE ONLY

TOTAL Number of Household Members: \_\_\_\_\_ Income Earning Individuals: \_\_\_\_\_ Yearly Household Income Reported: \_\_\_\_\_

INCOME VERIFICATION SOURCE:  current paycheck stub(s)  SSD/SSI  Workers Comp  
 Pension  TANF  Other: \_\_\_\_\_

#### FY 2020 MAXIMUM INCOME LIMIT PERSONS IN FAMILY

1	2	3	4	5	6	7	8
39,450	45,050	50,700	56,300	60,850	65,350	69,350	74,350

*Based on Louisiana Income Limit Chart issued by HUD, I certify that the above named applicant(s) is  
 ( ) eligible ( ) ineligible  
 to participate in the program sponsored by the City of Kenner Department of Community Development and  
 the above-referenced Subrecipient.*

AGENCY REPRESENTATIVE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_