



Akwasasne Revolving Loan Fund
 412 State Route 37,
 Akwasasne, NY 13655
 518-358-2272

CLIENT APPLICATION

Client ID # _____

| Contact Information | | | |
|--|--|---|---|
| Last Name | First Name | MI | DOB / / |
| Mailing Address | City | State | Zip Code <i>Do you live within city limits?</i> <input type="checkbox"/> yes <input type="checkbox"/> no |
| Home Address (leave blank if same as mailing address) | City | State | Zip Code |
| Home Phone Number () () | Day Phone Number () () | Fax Number () () | Veteran Status <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Service-connected disabled |
| <input type="checkbox"/> Female <input type="checkbox"/> Male | Social Security Number -- -- | E-mail Address | |
| Please provide the names of two people who know you and can relay a message from [PROGRAM NAME] if you move. | | | |
| Name: _____ | Phone Number () () | Relation: _____ | |
| Name: _____ | Phone Number () () | Relation: _____ | |
| Household Information | | | |
| Do you file your taxes as head of household? <input type="checkbox"/> yes <input type="checkbox"/> no | Do you have a disability? <input type="checkbox"/> yes <input type="checkbox"/> no | Marital Status: | |
| Ages of Dependents? Ages 0-5 _____ Ages 6-12 _____ Ages 13-18 _____ Ages 19+ _____ | Please check box if you: Have received TANF in the last year? <input type="checkbox"/> Have received TANF in the last 2 years? <input type="checkbox"/> Are currently receiving TANF assistance? <input type="checkbox"/> Date started ____/____/____ Date ended ____/____/____ | <input type="checkbox"/> Married SP (spouse present) <input type="checkbox"/> Married SNP (spouse not present) <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unmarried living with partner <input type="checkbox"/> Widowed | |
| Total No. in Household _____ | E.S.R. Name _____ | | |
| Education | | Ethnicity | |
| <input type="checkbox"/> Less than HS <input type="checkbox"/> HS/GED <input type="checkbox"/> Some College <input type="checkbox"/> College AA/AS | <input type="checkbox"/> College BA/BS <input type="checkbox"/> Graduate degree <input type="checkbox"/> Vocational <input type="checkbox"/> Other _____ | <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other |
| Personal Monthly Gross Income \$ _____ | Personal Monthly Gross Income Breakdown | | |
| Household Monthly Gross Income \$ _____ | Salary/Wages: | TANF/CalWorks: | |
| Last Years Annual Gross Income \$ _____ | Self Emp Income: | Food Stamps: | |
| How much did you save last year: \$ _____ | UnEmp Benefits: | GR/GA: | |
| | Spousal Support: | SSI/SSR: | |
| | Child Support: | Housing Assist.: | |
| | Workman's Comp: | Disability: | |
| Employment Information | | | |
| Employment Status: <input type="checkbox"/> FT Self Emp <input type="checkbox"/> FT Emp <input type="checkbox"/> Seasonal Emp <input type="checkbox"/> Unemployed more than 6 mos (FT ≥ 35 hours/week) <input type="checkbox"/> PT Self Emp <input type="checkbox"/> PT Emp <input type="checkbox"/> Unemployed less than 6 mos | | | |
| Hourly Wage at Job: \$ _____ | | | |
| Insurance Information | | Business Information | |
| Do you have Health Insurance? <input type="checkbox"/> yes <input type="checkbox"/> no | | Do you currently own a business? <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Type of Health Insurance: <input type="checkbox"/> Public <input type="checkbox"/> Spouse Employer <input type="checkbox"/> Employer <input type="checkbox"/> Private | | Date Business Started: ____/____/____ | |
| Please describe the health insurance coverage for the household. <input type="checkbox"/> All members insured <input type="checkbox"/> Some members insured <input type="checkbox"/> No members insured | | Date Business Revenue Started: ____/____/____ | |
| | | If not operating a current business, did you in the past? <input type="checkbox"/> yes <input type="checkbox"/> no | |
| | | How long did you operate this business? _____ | |
| The information you provide is confidential and will not be released without your permission. Information is used for evaluation purposes and is required by our funders/ sponsors and will only be reported in aggregate form. | | | |
| Signature _____ | | Date _____ | |