

in collaboration with ■ IMPACT Community Action Partnership

Your Name: _____

Email _____ Phone _____

Address: _____

City _____ State _____ Zip _____

Race:

- 1-Black or African American
- 2-White
- 3-American Indian or Alaska Native
- 4-Asian
- 5-Native Hawaiian or Pacific Islander
- 6-Multi-race (2 or more of those listed)
- 7-Other
- 8-Unknown/not reported.

Household Member Information (Please print)

No.	Name	DOB	Relationship to Head of Household	SEX	Hispanic Yes/No	Race	Disability	Med Ins.	Ed. Level	Marital Status	Vet.	Income Source (Please list all and identify)	Gross Income Amount One Month	Staff List Documentation
1			HH											
2														
3														
4														
5														
6														
7														
8														

(Please list additional members on the back)

Other Information

Family Type: (check one)

- Single female with children
- Single male with children
- Single person
- Two adults with children
- Two adults without children
- Other

Are you or any Household Member Receiving?

- Food Stamps
- Unemployment Benefits
- Veterans Assistance
- 60 or older
- Other _____
- General Assistance
- Social Security
- Child Support
- Disabled
- SSI
- Pension
- FIP
- Homebound

I attest that by signing this application, I have provided a complete and truthful representation of my household and our household income.

I understand that by signing this application I am authorizing this information to be shared with Des Moines Parks and Recreation Department and Des Moines Community Action Agency.

Signature

Date

FOR OFFICE USE ONLY:

Received by _____ Date _____

Processed by _____ Date _____

