



Applicant Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Total number in household: \_\_\_\_\_ Are you currently employed? \_\_\_\_\_

Requesting Assistance for: \_\_\_\_\_ Referral Source: \_\_\_\_\_

### Current Household Income

List Applicant & all dependents residing in your home. Include child support, OWF, SSI, & earned income

(Additional names & information may be printed on the back)

Name/Relationship to Applicant	SSN	Date of Birth	Source of Income	Monthly Income
			Total	

Assistant Group's income is within need standard (200%)

Need Standard \_\_\_\_\_

- Yes
- No

Assistance Group Size	200%of monthly Federal Poverty Guidelines	Assistance Group Size	200%of monthly Federal Poverty Guidelines
1	1,945	6	5,329
2	2,622	7	6,005
3	3,299	8	6,682
4	3,975	9	7,359
5	4,652	10	8,035

By my signature below, I declare and state under penalty of perjury that the information on this application is true and complete to the best of my knowledge. I also authorize Catalyst Life Services and the application/service provider to release and share this application and other pertinent information concerning me and my family's eligibility and other services received. Return application to Progress Industries, 270 Sterkel Blvd., Mansfield, Ohio 44907 or call 419-524-0733 ext. 228.

Signature: _____	Date: _____
Eligibility determiner: _____	Date: _____