

**CITY OF SHERMAN
NORTH TEXAS YOUTH CONNECTION
APPLICATION FORM**

PROGRAM GUIDELINES

The City of Sherman with funding through the Community Development Block Grant (CDBG), will provide counseling services to low and moderate income individuals who reside within the city limits of Sherman.

Name: _____ **Date of Birth:** _____

Address: _____ **City, State:** _____

Telephone: _____ **Social Security #:** _____

ATTACH PROOF OF RESIDENCY SUCH AS UTILITY BILL, RENT RECEIPT, MEDICAID LETTER, ETC.

NAME OF PERSON(S) RECEIVING COUNSELING:

1 _____
2 _____
3 _____

**TOTAL PERSONS
IN HOUSEHOLD** _____
(Including Self)

Age (s) : 1 _____ 2 _____ 3 _____

The following information is needed for Demographics only, not for eligibility purposes.

Ethnicity and Race must be answered: 1. **ETHNICITY: (Select only one)** Hispanic/Latino Not Hispanic/Latino

2. **RACE: (Select one or more)** White Black/African American Asian American Indian/Alaskan Native

Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & White Asian & White

Black/African American & White American Indian/Alaskan Native & Black/African American Other Multi Race

Female Head of Household

TOTAL MONTHLY INCOME: (See required Proof of Income below)

(1) Wages Paid: _____ Weekly _____ Bi-Weekly (Every 2 weeks) _____ Twice Monthly
(2) Wages Paid: _____ Weekly _____ Bi-Weekly (Every 2 weeks) _____ Twice Monthly

Wages \$ _____ / _____ Social Security \$ _____ / _____

SSI \$ _____ / _____ Unemployment/WC \$ _____ / _____

Pension/VA/Other \$ _____ / _____ Do you receive Child Support? Yes No \$ _____

Proof of Income: Applicant must provide proof of income on all adults who live in the home. This can be a copy of a current social security check, disability check, an award letter, or two (2) current employment check stubs showing the name, wages and hours.

ATTACH MOST RECENT PROOF OF INCOME FOR ALL FAMILY MEMBERS

EMPLOYER INFORMATION

_____ **UNEMPLOYED**

Employer Name _____

Employer Address: _____ Employer Telephone: _____

Pay Rate Per Hour: _____ Hours Per Week: _____

I certify that the information provided on this application is true and correct to the best of my knowledge. I understand that the information provided is subject to verification by the City of Sherman and the U.S. Government.

APPLICANT SIGNATURE

DATE

North Texas Youth Connection has examined this application and finds that the applicant meets the requirements of the City of Sherman Community Development Block Grant (CDBG) Program.

SIGNATURE

DATE

08/08