

VIDA Application

All Fields must be complete for submission. Use black or blue ink. Do not leave any blanks. If question is not applicable to you please write N/A. For questions call the VIDA office at 956-903-1900 ext. 110.

Personal and Demographic Information					DATE: _____		
Last Name							
First Name							
Middle Name				Maiden Name:			
Suffix		Jr. Sr. III IV V VI VII					
Social Security Number							
Date of Birth		____ / ____ / ____		Age:			
Gender		Male Female					
Ethnicity and Race Demographics <small>These categories match the national census categories. If you are unsure how to answer please call our office for assistance.</small>		Ethnicity (Check One) Are you of Hispanic or Latino origin? Yes No		Race (Check all that apply)		American Indian or Alaska Native Asian Black or African American Native American Native Hawaiian or Pacific Islander White International Other (please specify):	
Citizenship		US Citizen Permanent Resident I-155 Refugee Non-Citizen Parolee					
Personal Email:							
School Email:							
Marital Status		Married Living with Partner Single Divorced Separated Widow					
Single Parent?		Yes No		Head of Household?		Yes No	
Household Information							
Living Arrangement Please check the box which <i>best</i> describes your living situation.		One family household (living by myself, or living with my spouse and children only) Shelter or temporary housing (Please explain, box provided below.)			Multi-family household (roommates, friends, or relatives, other than my spouse and children also live in the house.) Other (Please explain, box provided below.)		
Who lives with you in the household? Check all boxes that apply.		<input type="checkbox"/> Myself (1) <input type="checkbox"/> Spouse or Partner (1) My children (under 18). How many? _____ My other dependents that I support (18 or older). How many? _____ (Please explain in the box below.)			<input type="checkbox"/> Roommate(s) (person I split expenses with, NOT in a relationship, NOT a relative.) How many? _____ <input type="checkbox"/> Other(s) not already counted, including relatives or others in household. <i>Please explain in the box below.</i> How many Adults (over 18)? _____ How many children (under 18)? _____		
Explain your living arrangement or household, if needed:							
Household Languages: (check all that apply)		English	Spanish	Sign Language	Other(s), specify:		
Current Address Information & Contact Information							
Street Address							
City							
County							
State				Zip			
Home Phone Number				Work Phone Number			
Cell Phone Number				Work Phone Extension			
P.O. Box or Mailing Address Information (if different than above)							
Mailing Address							

Mailing City			
Mailing County			
Mailing State			
Mailing Zip			
Voter Information			
Are you registered to vote?		Yes No	If not eligible to vote why?
Education			
Are you first Generation in College?		Yes No	
If "No", Who are college graduates?		Parents Grandparents	
If "Yes", Is it your first time in college?		Yes No	
Are you a returning college student but haven't attended in one year or more?		Yes No	
Last Year attended college?		_____	
Educational Status (check one)		High School Graduate General Equivalency Diploma (GED) Some College but less than 1 year of credit* 1 or more years of college credit, but no degree	
		None of the above , please circle highest grade <i>completed</i> : 5 th grade or less 6 th 7 th 8 th 9 th 10 th 11 th 12 th	
		Have you ever earned one of the following: Marketable Skills Certificate Vocational Training Certificate	
*If Some College , please specify number of college credit hours earned		_____ hours	Degree or Certificates Earned College Certificate Professional License Associates Bachelors Masters
Loans/Holds:			
<ul style="list-style-type: none"> • Have you applied and received student loans in the past? Yes No • If yes, are they in default or deferred? _____ • If yes, what is the amount of default? _____ • Do you have any type of "HOLD" at any college or university? Yes No • If yes, what is the "HOLD" for? _____ 			
Special Circumstances Check as many items as apply to you. Answers to these questions cannot disqualify you from the program and may help you to qualify.			
Which of the following statements applies to you? <u>MUST</u> check at least one box		Have not worked in Last 2 Years Have never been employed Have never received Vocational Training Disabled or Special Needs None of the above	
Service History			
Have you served in the Armed Forces?		Yes No	Date of Discharge: _____ / _____ / _____
			Type of Discharge: Honorable Dishonorable Other
Service Branch		Army Navy Marines Air Force Coast Guard National Guard	
Veteran Eligibility			

<p>Which of the following statements applies to you? <u>MUST</u> check at least one box</p>	<p>Veteran - eligibility will be verified by submitting a copy of the service discharge form (DD-214 or DD-215), indicating service dates and type of discharge; and provides full name, military service number, and branch and dates of service.</p> <p>Veteran Dependents – eligibility will be verified by submitting a copy of dependent spouse's marriage certificate to veteran; children's birth certificate or adoption papers; and veteran's birth certificate to determine parents' eligibility.</p> <p>Surviving Spouses – eligibility will be verified by submitting a copy of the following:</p> <ol style="list-style-type: none"> 1. Veteran's marriage certificate to surviving spouse; 2. Veteran's death certificate if Veteran did not die in a VA health care facility; 3. A copy of veteran's discharge form (DD-214 or DD-215). <p>Not a Veteran</p>
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(Males only) Did you register for U.S. Selective Service between the ages of 18 - 26 yrs? Yes No
 If No, please explain:

Are you willing to take a drug test? Yes No If No, please explain

Have you ever been in foster care? Yes No If Yes, Did you take any college classes prior to the age of 21? Yes No

Criminal Background

Have you ever been convicted of a felony or misdemeanor? Yes No
 If YES, please specify type of conviction: Felony Misdemeanor

Public Assistance Information. Check all that apply: If you receive any public assistance, indicate which agency(ies)

Does you receive Public Assistance from the list below? Yes No

Public Assistance: (check all that apply)	TANF(AFDC) Food Stamps	Medicaid SSI	Public Housing WIC	Refugee assistance
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Name of Public Housing

Please provide the following information to help us better serve the community.

How did you hear about VIDA? If you were referred by your church, school, employer or other support institution please provide the name of that institution.

If you are enrolled in an Allied Health program and have a criminal history you will need to submit a Board of clearance form from your respective field of study with your application? (response required)

YES, I do need to get a Board of clearance.
 Check box if you intend to, or already have one (submit with application).

NO, I do not need to get a Board of clearance.
 Check box if you understand the above paragraph but feel you do not need to get a clearance.

Declaration of Citizenship or Permanent Resident Status

Check only one box below: Due to new funding regulations, all applicants as of August 2009, must be able to prove U.S. Citizenship or Permanent Resident status. Please check the box next to the document you will be submitting.

U.S. Citizen	Permanent Resident
U.S. Birth Certificate U.S. Passport Certification of Citizenship (form N-560 or N-561) Certification of Naturalization (INS Form N-550 or N570)	Permanent Resident Card or Alien Registration Card with Photograph (INS Form I-151 or I-551)

LIST ALL FAMILY MEMBERS CURRENTLY LIVING IN YOUR HOUSEHOLD INCLUDING YOURSELF

FULL NAME	AGE	RELATIONSHIP
		(Self)

Employment History

Please list the last three jobs you have held starting with current or most recent job. Use the reverse side of this page if you have additional employment information you want to have considered.

Past or Current Employment - if you have not worked in many years please list the last job you held and explain the gap in employment on the reverse side of this page. *(*required)*

	Job 1 <i>Current or most recent</i>	Job 2 <i>Previous</i>	Job 3 <i>Previous</i>
*Start Date			
*End Date			
*Company Name			
Company Address			
*Company City			
Company State			
Zip Code			
Company Telephone Number			
Supervisor Name			
*Job Title			
Job Duties			
Does this job have benefits?	Yes No	Yes No	Yes No
*Hourly Wage			
*Average Weekly Hours			
Is this an Internship?	Yes No	Yes No	Yes No
Status	Full Time Part Time	Full Time Part Time	Full Time Part Time
*Reason for leaving or termination			

VIDA applicants must provide documentation of income. If the applicant has no income, documentation from household members who support the applicant must be provided. Income is also required from non-relatives at that address, if they are financially supporting the applicant (referred to as 'others living in household' below). Income should be from previous 30 day timeframe.

Please submit photocopies of documents, *not* originals.

Please fill in a zero if no one in the household has that type of income. *Do not leave any blanks.*

Failure to bring in documentation for your income will delay your application process.

A. Income (monthly)	Amount	Required Documentation (<i>photocopies</i>)
1. Wages from a Job (self)	\$	Pay check stubs (<i>for the past six months as of date of application</i>) - or- Letter from employer stating pay rate per hour and number of hours worked per week.
2. Wages from a Job (spouse)	\$	
3. Wages from a Job (relatives or others living in household)	\$	
4. Retirement	\$	Letter or Direct Deposit Statement
5. SSI	\$	Benefits Letter, Check Stub or Auto Deposit Record
6. Workman's Comp.	\$	Benefits Letter, or Check Stub
7. Disability	\$	Benefits Letter, or Check Stub
B. Assistance (monthly)	Amount	Required Documentation (<i>photocopies</i>)
1. Refugee Assistance	\$	None
2. Housing Assistance	\$	None
3. Utilities Assistance	\$	None
4. AFDC/TANF (total for household)	\$	Benefits Letter or TANF Summary
5. Food Stamps (total for household)	\$	Benefits Letter or Food Stamp Summary
6. Child Support (received)	\$	Notarized Letter, Court Order, or Direct Deposit Statement
7. Unemployment Benefits	\$	Benefits Letter, or Check Stub
8. Medicaid or Medicare (circle)	Y / N	None
9. WIC (circle)	Y / N	None
10. Assistance from Family or Friends. Please list names of individuals you will be requesting letters from.		Letters: Please provide letter(s) from relatives or friends living with you, supporting you, or helping you out with your expenses. The letter must list the type of assistance they give you (i.e. room and board, loan of car, bills paid for you or split with you, or any other regular assistance they give you.) The letter must state their relationship to you, have their signature, and their contact information.
C. Financial Aid	Amount	Required Documentation (<i>photocopies</i>)
1. Scholarships (semester amt. divided by 4)	\$	Award Letter (only for money received in the current semester)
2. PELL, SEOG, TPEG Grants (semester amt. divided by 4)	\$	Award Letter (only for money received in the current semester)
3. Educational Loans (semester amt. divided by 4)	\$	Loan Agreement (only for money received in the current semester)

Expenses

If you have questions please call VIDA: 956-903-1900

Fill in the expenses for your household. Bring photocopies of your documents ready to turn in. Cross out any account numbers on the copies of the bills you provide us. Do not leave any blanks. Fill in zeros if necessary.

What if...

- **I share expenses with a roommate:** If you share or split expenses with a platonic, non-relative roommate, please bring the bills (*even if they are not in your name*) and indicate below how much you are responsible for paying each month.
- **I don't pay the bill:** If a friend or relative is paying a specific bill for you (cell phone, car insurance, etc.) fill in the amount paid on your behalf, bring a copy of the bill, and request a letter from the person stating that they pay the bill for you (see instructions for assistance letters on the reverse page).
- **I don't pay for any household expenses:** Please have the head of household fill in the amounts and provide bills for Lodging (D), Utilities (E), and Other Expenses (F) that they pay on your behalf. Their name and address must appear on the bills. All account numbers should be blacked out. Don't forget to request an assistance letter. You will still need to list all other personal expenses.

D. Lodging	Amount	Required Documentation (<i>photocopies</i>)
1. Rent/Mortgage or Property Taxes	\$	Lease, Mortgage Statement, and/or Property Taxes (if home is completely paid off)

E. Utilities		Amount	Required Documentation (photocopy of <u>only one current</u> bill is required)
1. Electricity		\$	
2. Gas		\$	
3. Telephone		\$	
4. Water		\$	

F Other Expenses		Amount	Required Documentation (photocopies)
1. Food (groceries, etc.)		\$	None
2. Car Payment		\$	None
3. Gas, Oil, Car Repair		\$	None
4. Car Insurance		\$	None
5. Child Care/School		\$	Current Contract or letter from provider
6. Medical (ongoing medical expenses such as medications, or large doctor or hospital bills, etc.)		\$	None
7. Credit Card(s) or Loans – List them	- - - - -	\$ \$ \$ \$ \$	None
8. Clothing/Shoes (Estimate average per month)		\$	None
9. Cell Phone		\$	None
10. Cable/Satellite TV or Internet-		\$	None
11. Tuition, Books, Lab Fees		\$	Bill for tuition, estimate for other expenses
12. Misc. Expenses (list separately)		\$ \$ \$ \$	None
13. Child Support (If You Pay to Someone Else)		\$	Court order, or withholdings on pay stub
14. Payroll Deductions (if applicable)		\$	(410(k), Insurance, etc.) shown on paycheck stub

THIS BOX FOR OFFICE USE ONLY

LOW INCOME ELIGIBILITY WORKSHEET

FAMILY INCOME

26 WEEKS INCOME RECEIVED FROM: _____ / _____ / _____ TO: _____ / _____ / _____
MONTH DATE YEAR MONTH DATE YEAR

LIST ALL INCOME CONTRIBUTORS TO THE HOUSEHOLD	RELATIONSHIP	AGE	INCOME	SOURCE OF INCOME
			\$	
			\$	
			\$	
			\$	
TOTAL FAMILY INCOME			\$	

INCLUSIONS:

- 1. Gross Wages/Salary \$
- 2. Self-Employment Income (Net) \$
- 3. Regular Payments from SSDI \$
- 4. Regular Veteran's, Workman's Compensation & Disability Payments \$
- 5. Other Income \$

TOTAL \$

OMB INCOME GUIDELINES:

Family Size: _____ \$

X 2 = \$

ELIGIBILITY CATEGORY:

[] Low Income: Food Stamps, TANF or Other:

EXCLUSIONS:

- 6. Non-Cash Income \$
- 7. Child Support \$
- 8. Public Assistance \$
- 9. Unemployment Benefits \$
- 10. WIA Payments \$
- 11. Capital Gains/Losses \$
- 12. One-Time Unearned Income \$
- 13. Veteran's Active Duty Pay or Allowances \$
- 14. Other \$
- 15. \$
- 16. \$

Low Income: Family/Household Income
At or Below OMB Guidelines

Underemployed with family responsibilities
(earning \$8.50 an hour or less)

Unemployed with family responsibilities
Registered with TWC

ELIGIBILITY STATUS:

Approved Disapproved

Read & Sign

I verify that all information provided in this application is true and complete; and I understand that any falsification or omission may result in my application being denied by VIDA. I also understand that all photocopies of documents turned in to VIDA to accompany my application become the property of VIDA and will not be returned. *[VIDA does not require or keep any original documentation]*

Applicant Signature

Date

Case Manager Signature

Date

--VIDA USE ONLY--

STATUS

COMPONENT

- Active
- Active/Hold
- Graduated
- Terminated
- Self-Eliminated
- ISIS Control Active
- Transition
- Transferred

_____ Completer

WIA Eligibility Date _____ / _____ / _____

- WIA County:
- Cameron
 - Willacy
 - Starr
 - Hidalgo

- WIA Status:
- Approved
 - Shelter
 - Not Eligible for WIA

Not Eligible Reason: Incomplete Paperwork

Over Income

No Follow-Through

Previously Funded

College 1:	<input type="checkbox"/>] STC	College 2:	<input type="checkbox"/>] STC
	<input type="checkbox"/>] UTB		<input type="checkbox"/>] UTB
	<input type="checkbox"/>] TSC		<input type="checkbox"/>] TSC
	<input type="checkbox"/>] TSTC		<input type="checkbox"/>] TSTC
	<input type="checkbox"/>] UTRGV		<input type="checkbox"/>] UTRGV
	<input type="checkbox"/>] Other:		<input type="checkbox"/>] Other: _____

College 1 ID#: _____

College 2 ID#: _____

-VIDA USE ONLY-

VIP Date: _____ / _____ / _____

Please check all that apply:

Laura Lopez

Other _____

[] Ruben Garcia

[] Jolynda Arriaga