

## 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	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/> VII									
Social Security Number										
Date of Birth	_____ / _____ / _____	Age: _____								
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female									
<b>Ethnicity and Race Demographics</b> <i>These categories match the national census categories. If you are unsure how to answer please call our office for assistance.</i>	<b>Ethnicity</b> (Check One) Are you of Hispanic or Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Race</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> American Indian or Alaska Native</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Native Hawaiian or Pacific Islander</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Asian</td> <td style="padding: 2px;"><input type="checkbox"/> White</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Black or African American</td> <td style="padding: 2px;"><input type="checkbox"/> International</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Native American</td> <td style="padding: 2px;"><input type="checkbox"/> Other (please specify): _____</td> </tr> </table>	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> International	<input type="checkbox"/> Native American	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander									
<input type="checkbox"/> Asian	<input type="checkbox"/> White									
<input type="checkbox"/> Black or African American	<input type="checkbox"/> International									
<input type="checkbox"/> Native American	<input type="checkbox"/> Other (please specify): _____									
Citizenship	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident I-155 <input type="checkbox"/> Refugee <input type="checkbox"/> Non-Citizen <input type="checkbox"/> Parolee									
Personal Email:										
School Email:										
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Living with Partner <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow									
Single Parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Head of Household?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No								
Household Information										
<b>Living Arrangement</b> Please check the box which <i>best</i> describes your living situation.	<input type="checkbox"/> <b>One family household</b> (living by myself, or living with my spouse and children only) <input type="checkbox"/> <b>Shelter</b> or temporary housing (Please explain, box provided below.)	<input type="checkbox"/> <b>Multi-family household</b> (roommates, friends, or relatives, other than my spouse and children also live in the house.) <input type="checkbox"/> <b>Other</b> (Please explain, box provided below.)								
<b>Who lives with you in the household?</b> Check all boxes that apply.	<input checked="" type="checkbox"/> <b>Myself</b> (1) <input type="checkbox"/> <b>Spouse or Partner</b> (1) <input type="checkbox"/> <b>My children</b> (under 18). How many? _____ <input type="checkbox"/> <b>My other dependents</b> that I support (18 or older). How many? _____ (Please explain in the box below.)	<input type="checkbox"/> <b>Roommate(s)</b> (person I split expenses with, NOT in a relationship, NOT a relative.) How many? _____ <input type="checkbox"/> <b>Other(s)</b> 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)? _____								
<b>Explain</b> your living arrangement or household, if needed:										
<b>Household Languages:</b> (check all that apply)	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Sign Language <input type="checkbox"/> 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 Preferred 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?

Criminal Record Resident  US Perm Resident  Alien

**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 completed:  
5<sup>th</sup> grade or less 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

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:**

- 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?**

MUST 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**

**Which of the following statements applies to you?**

MUST check at least one box

- 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.
- 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.
- Surviving Spouses** – eligibility will be verified by submitting a copy of the following:
  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).
- Not a Veteran**

**(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)  Medicaid  Public Housing  Refugee assistance  
 Food Stamps  SSI  WIC

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
<input type="checkbox"/> U.S. Birth Certificate <input type="checkbox"/> U.S. Passport <input type="checkbox"/> Certification of Citizenship (form N-560 or N-561) <input type="checkbox"/> Certification of Naturalization (INS Form N-550 or N570)	<input type="checkbox"/> 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. ( <i>*required</i> )			
	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Hourly Wage			
*Average Weekly Hours			
Is this an Internship?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
*Reason for leaving or termination			

## Alternate Contacts

### Contact 1 Information

Emergency Contact?  Yes  No

Relationship \_\_\_\_\_

\*Full Name \_\_\_\_\_

\*Phone Number \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Email Address \_\_\_\_\_

What language does this contact speak?  English  Spanish  Other \_\_\_\_\_

Notes:

### Contact 2 Information

Emergency Contact?  Yes  No

Relationship \_\_\_\_\_

\*Full Name \_\_\_\_\_

\*Phone Number \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Email Address \_\_\_\_\_

What language does this contact speak?  English  Spanish  Other \_\_\_\_\_

Notes:

### Contact 3 Information

Emergency Contact?  Yes  No

Relationship \_\_\_\_\_

\*Full Name \_\_\_\_\_

\*Phone Number \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Email Address \_\_\_\_\_

What language does this contact speak?  English  Spanish  Other \_\_\_\_\_

Notes:

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.

<b>A. Income (monthly)</b>		
	<b>Amount</b>	<b>Required Documentation (photocopies)</b>
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>B. Assistance (monthly)</b>		
	<b>Amount</b>	<b>Required Documentation (photocopies)</b>
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 <i>names</i> of individuals you will be requesting letters from.		<b>Letters:</b> 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.
<b>C. Financial Aid</b>		
	<b>Amount</b>	<b>Required Documentation (photocopies)</b>
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)

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 ( <i>photocopy of <u>only one current bill</u> is required</i> )
1. Electricity		\$	
2. Gas		\$	
3. Telephone		\$	
4. Water		\$	
F. Other Expenses		Amount	Required Documentation ( <i>photocopies</i> )
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 ( <i>list separately</i> )		\$ \$ \$ \$	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
			\$	
			\$	
			\$	
			\$	
<b>TOTAL FAMILY INCOME</b>			\$	

**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: \_\_\_\_\_

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

**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. \$ \_\_\_\_\_

**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

\_\_\_\_\_  
Reviewer Signature

\_\_\_\_\_  
Date

**--VIDA USE ONLY--**

**STATUS**

**COMPONENT**

- |  |  |
|--|--|
| <input type="checkbox"/> Active          | <input type="checkbox"/> ISIS Control Active |
| <input type="checkbox"/> Active/Hold     | <input type="checkbox"/> Transition          |
| <input type="checkbox"/> Graduated       | <input type="checkbox"/> Completer           |
| <input type="checkbox"/> Terminated      | <input type="checkbox"/> Transferred         |
| <input type="checkbox"/> Self-Eliminated |  |

\_\_\_\_\_

**--VIDA USE ONLY--**

WIA Eligibility Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- WIA County:     Cameron  
                   Willacy  
                   Starr  
                   Hidalgo

- WIA Status:     Approved  
                   Shelter  
                   Not Eligible for WIA

- |                      |   |  |
|----------------------|---|--|
| Not Eligible Reason: | <input type="checkbox"/> Incomplete Paperwork | <input type="checkbox"/> No Follow-Through |
|                      | <input type="checkbox"/> Over Income          | <input type="checkbox"/> Previously Funded |

- College 1:     STC  
                   UTB  
                   TSC  
                   TSTC  
                   UTRGV  
                   Other: \_\_\_\_\_

- College 2:     STC  
                   UTB  
                   TSC  
                   TSTC  
                   UTRGV  
                   Other: \_\_\_\_\_

College 1 ID#: \_\_\_\_\_

College 2 ID#: \_\_\_\_\_

**-VIDA USE ONLY-**

VIP Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please check all that apply:

- |                                      |                                       |  |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Laura Lopez | <input type="checkbox"/> Ruben Garcia | <input type="checkbox"/> Jolynda Arriaga |
|--------------------------------------|---------------------------------------|--|

Other \_\_\_\_\_