

Lorain County Community Action Agency

Tech Connect Application 2020

(Note: Documentation to verify eligibility must be submitted with this application)

PLEASE PRINT CLEARLY	First Name of Applicant	Last Name of Applicant		
	Street Address			
	City, State and Zip Code			
	Daytime Phone Number	Cell Phone Number	Email Address	

List all household members and all household income for the last 90 days*. Use an additional sheet of paper or the back of this form if necessary.

Household Member's Name	Relation-ship to You	Social Security Number	Date of Birth	Income Source(s)	Total Income for Last 90 Days
	Self				\$
					\$
					\$
					\$
					\$
					\$
					\$
Total Household Income					\$

*Households may also submit for the last 90 Days.

<i>Employer Name or School Name</i>	
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By Signing below, the client indicates that information provided is accurate and complete.

Client Signature

Date