

Lorain County Community Action Agency

Community Connections Application

(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 30 days*. Use an additional sheet of paper or the back of this form if necessary.

Household Member's Name	Relationship to You	Social Security Number	Date of Birth	Income Source(s)	Total Income for Last 30 Days
	Self				\$
					\$
					\$
					\$
					\$
					\$
					\$
Total Household 30 Day Income					\$
					X 4
Total Household Annual Income					\$

Do you Own/Buying the property? Yes No, if No Enter the property owner name, address and telephone number below:

Property Owner Name: _____

Property Owner Address: _____

Property Owner City, State & Zip: _____

Property Owner Telephone Number: () _____

Do you own the Refrigerator? Yes No

By Signing below, the client indicates that information provided is accurate and complete.

Client Signature

Date