

# South San Francisco Guaranteed Income Application

## Demographics

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB (Month/Day/Year): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Language(s) Spoken at Home: \_\_\_\_\_

### Household:

Total # in Household \_\_\_\_\_

# of Adults \_\_\_\_\_ # of Children \_\_\_\_\_ # of Seniors \_\_\_\_\_

## Income

Monthly Household Income: \_\_\_\_\_

Income Source(s): \_\_\_\_\_

## Additional Household Info (please check all that apply to you)

Single Parent     Previous Foster Youth     HH Member Previously Incarcerated

(does NOT negatively impact program eligibility)

## Benefits (please check all that apply to you)

I Do not qualify for CA/Federal Public Benefits

I have previously qualified, but do not currently receive benefits

Unsure if I qualify for public benefits

I do receive benefits including:

MediCal (Medicaid)

CalFresh (SNAP)

CalWORKS (TANF)

Subsidized Housing/Section 8

WIC

Veteran's Benefits

Other(s): \_\_\_\_\_