

GALVESTON COUNTY DEPT OF SOCIAL SERVICES APPLICATION FOR SERVICES

(Please Print and Complete ALL sections on Front and Back pages)

Date _____

Applicant's Name _____ * Social Security Number ____ - ____ - ____

Address _____ Birth Date _____
Street Apt# City State Zip

Home Phone _____ Work Phone _____ Emergency Phone _____

Head of Household _____ *Social Security Number ____ - ____ - ____

Address _____ Birth Date _____
Street Apt# City State Zip

Marital Status (Circle One) Married; Single; Separated; Divorced; Widowed; Common Law; Sharing Residence

Who referred you to Galveston County Social Services? _____

FAMILY MEMBERS IN HOUSEHOLD

Last Name	First Name	Age	Relationship	*Social Security #	Date of Birth

Last Name	First Name	Age	Relationship	*Social Security #	Date of Birth

1. Verification of Galveston County Residency: (Specify) _____
 (Specify as rent receipt, utility bill, drivers license, or any correspondence with address shown)

2. How long have you lived in Galveston County? _____

3. Name of Apartment Complex _____ Rent \$ _____

Address _____ Phone _____

Landlord or Manager's Name _____

Privacy Act Statement-Social Security number is requested on a voluntary basis under the authority of Section 405(c)(2)(C)(i) of the Social Security Act. It will be used in establishing identity and administration of public assistance.

4. Check and List Income/Benefits that all household members received in the past 30 days.

SOURCE OF INCOME	GROSS AMOUNT OF INCOME RECEIVED IN PAST 30 DAYS
Wages	\$
Social Security	\$
Supplemental Social Security (SSI)	\$
AFDC	\$
Food Stamps	\$
Child Support	\$
Unemployment	\$
VA Benefits	\$
Worker's Compensation	\$
Pension	\$
Annuity	\$
Grants	\$
Military Allotment	\$
Relatives	\$
Training	\$
Settlement	\$
Loans from Lawyers	\$
Survivor's Benefit	\$
Other (List)	\$

5. List all cars or trucks owned by family members.

YEAR	MAKE	MODEL	CONDITION

6. Did something happen unexpectedly this month to you or your family that caused a financial problem? YES NO

If YES, please explain: _____

7. What type of assistance do you need? _____

I solemnly swear (or affirm) that the information included on this form is true to the best of my knowledge.

Applicant's Signature

Date