



Card #

DATE: / /

Only one membership needed per household

Last:
First:
Street: Apt#
City: State: Zip Code:
County:
Date of Birth: Phone#
Email:

Race (Circle) African American White Haitian Asian Indian Other
Ethnicity (Circle) Hispanic Non-Hispanic
Number of People in Household 1 2 3 4 5 6 7 8 9 Other:
Number of Children in your Home 0 1 2 3 4 5 6 7 8 9 Other:
(Circle one) Employed Unemployed Retired Disability-benefits Homeless

Monthly Rent / Mortgage \$ Per Month

Table with 3 columns: Income Type, Monthly \$, and a yellow box for amount. Rows include Employment, Social Security, Child Support, Family Assistance, Food Stamps, and Total of Household Incomes.\*

(For Staff Use Only)
Member has zero income
Member lives with someone working or receiving Social Security Benefits.
Female Head of Household
Vouchers - If member has a voucher it must be validated at Welcome Desk

Orlando city limits? YES or NO
US Citizen Yes or No
Veteran Yes or No

Driver's License Yes or No
Married Single Divorced Widowed Separated

I certify that I am eligible by the standards of United Against Poverty Center for services. Eligibility is determined by the income eligibility chart posted at the Welcome Desk. This chart is for determining that I am living at or below the 200% of poverty level. I hereby verify that the info provided is correct and that I am currently living at the address I entered above. I give UAP permission to share this information with other agencies for the sole purpose of better serving my needs for one year.

Signature X Date:
UAP Staff Signature: Date: