



Received: _____

Interview Date: _____ \$ Fare: _____

OFFICE USE ONLY

UNITED WAY APPLICATION

NAME: _____ DOB: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

LIST ALL OTHER MEMBERS OF YOUR HOUSEHOLD	RELATIONSHIP	BIRTH DATE	AGE

LIST EMPLOYMENT FOR ALL HOUSEHOLD MEMBERS	PLACE OF EMPLOYMENT	STARTING DATE	ENDING DATE

	AMOUNT	MONTHLY EXPENSES	AMOUNT
INCOME MONTHLY			
WORK(NET)	\$	RENT/MORTGAGE	\$
WORK(NET)	\$	GAS/FUEL (HEATING)	\$
WORK(NET)	\$	ELECTRIC	\$
UNEMPLOYMENT	\$	WATER/SEWER	\$
WORKERS COMP	\$	TRASH	\$
SOCIAL SECURITY	\$	FOOD	\$
SSI	\$	LOANS/ RENT TO OWN	\$
FOOD STAMPS	\$	CREDIT CARDS	\$
CHILD SUPPORT	\$	CABLE/INTERNET	\$
DISABILITY	\$	PHONE/CELL	\$
RETIREMENT	\$	MEDICAL	\$
CASH EMPLOYMENT	\$	CARE INSURANCE	\$
SAVINGS	\$	CHILD SUPPORT	\$
		CHILD CARE	\$
		FINES	\$
		CAR PAYMENT	\$
		GAS	\$
		TOBACCO/ALCOHOL	\$
		OTHER	\$

POLICIES

NO SHOW _____

CANCELLATION _____

*SCHOOL _____

POLITE/RESPECTFUL _____

BROCHURE _____

I understand SCAT is not responsible to remind me of my reservation/s or to call me when bus arrives.

The information that I, _____, have given on this form and/ or at an interview is true and complete to the best of my knowledge.

Signature _____ Date _____

REVISED 6/10/2021
EXPIRES 7/15/2024