



SANTEE-LYNCHES TENANT EMPOWERMENT PROGRAM (S.T.E.P.)
APPLICATION

APPLICANT FULL NAME: _____

Current Address: _____

City, State, Zip Code: _____

Home Phone: _____ **Alternate Phone:** _____

EDUCATION ENROLLMENT STATUS AND INSTITUTION: *REQUIRED FOR ELIGIBILITY

OR

WORKFORCE DEVELOPMENT TRAINING STATUS AND ORGANIZATION: *REQUIRED FOR ELIGIBILITY

*Program applicants enrolled as full-time students or participants in a work training program must meet at least one of the following criteria in order to qualify for S.T.E.P. assistance:

- Be 24 years of age or older,
- Be a US military veteran,
- Be married,
- Have a least 1 (one) dependent child



HOUSEHOLD COMPOSITION

(Please list the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.) *Please attach birth certificates and Driver’s License/State Identification cards.*

Household Member’s Full Name	Relationship	Birthdate	Age	Sex	Social Security No.

Race of Head of Household (Check One) (Optional)

(This information is being collected to assure compliance with fair housing and equal opportunity rules)

- White**

 Black

 Asian/Pacific Islander
 Native American/Alaskan Native

 Hispanic

INCOME INFORMATION

What is the total annual income of all household members? (Include paystubs for wages, salaries and tips; other income such as alimony, child support, and Social Security, AFDC or other benefits)



Household Member's Full Name	Source of Income	Annual Amount	Payment Basis (weekly, monthly, etc.)

ASSET INFORMATION

List the type and source of any family assets. Provide both the current cash value and the estimated annual income from the asset.

Household Member's Full Name	Type and Source of Asset (bank accounts, investments)	Cash Value of Asset	Annual Income from Asset

EXPENSE INFORMATION

Does your household have unreimbursed medical expenses in excess of 3 percent of annual income?

Does your household pay childcare expenses for children under the age of 13 that enable a family member to work or go to school?

Does your household pay care expenses for the care of a family member with disabilities that enable a family member to work?



APPLICATION CERTIFICATION: I/We understand that the above information is being collected to determine if I/WE are eligible to receive S.T.E.P. assistance. I/We authorize Santee-Lynches Regional Council of Governments to verify all information provided on this application.

Head of Household: _____ **Date:** _____

Spouse: _____ **Date:** _____