



Burbank Temporary Aid Center • 1304 W. Burbank Blvd., Burbank, CA 91506 • Phone: (818) 848-2822 • Fax: (818) 846-8280

Project Share Application

Primary Applicant			
Last Name		First Name	
Middle Name		Date of Birth	
Last 4 digits of SSN		Phone Number	
Address		City, Zip	
BWP Acct #		1 st -time Applicant?	Yes or No (circle one)

Name (first and last)	Relationship	Date of Birth	ID or DL #
	self		

Community Development Block Grant Statistical Information

Referred by:	Head of Household: Male or female	Age 62+: yes or no
Disabled: Yes or No	Number in Household:	
<p>The following information is confidential and is used only to monitor this agency’s compliance with Equal Opportunity Laws. Self-identification of race/ethnicity is VOLUNTARY. Check one of the options, or it will be marked as “other”.</p>		
<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Armenian
<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian or Alaskan Native & White	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan native & Black	<input type="checkbox"/> Other
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Asian & Black/African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Black African American & White		
<p>Warning! Title 18, section 1001 of the United States Code state that a person is guilty of a felony for knowingly and willingly making false statements to any department or agency of the U.S.</p>		
<p>Declaration and signature: I understand the information on this application will be used to decide and verify my eligibility for assistance. I declare, under penalty of Perjury that the information provided herein is true and correct. I agree to provide BWP additional proof of income and other documentation if requested.</p>		

Client Signature: _____ Date: _____



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Financial Information

Monthly Income					
Source	Person	Amount	Source	Person	Amount
Employment			Child Support		
Family/Friend Help			Unemployment Ins.		
Pension			Social Security/SSI		
GR/Calworks			Workers Comp		
Food Stamps			Other		
				Total Income:	

Monthly Expenses			
Expense	Amount	Expense	Amount
Rent/Mortgage		Groceries	
BWP		Home Telephone	
SoCal Gas		Home Internet	
Auto Loan/Lease		Mobile Phone	
Car Insurance		Medical Expenses	
Gasoline		Other Expenses	
		Total Expenses	

Additional Information (circle yes or no)			
Member of household Name	Filed taxes last year	Has active bank account	Gets Paid in Cash
	Yes or no	Yes or no	Yes or no
	Yes or no	Yes or no	Yes or no
	Yes or no	Yes or no	Yes or no
	Yes or no	Yes or no	Yes or no
	Yes or no	Yes or no	Yes or no
	Yes or no	Yes or no	Yes or no
	Yes or no	Yes or no	Yes or no
	Yes or no	Yes or no	Yes or no