

**STATE OF MISSISSIPPI  
AMERICAN RECOVERY REINVESTMENT ACT (ARRA)  
CSBG PRE-APPLICATION**



**PLEASE ANSWER QUESTIONS ABOUT THE HEAD OF HOUSEHOLD**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_

Are you a US Citizen? Yes ( ) No ( )

Do you receive SSI? Yes ( ) No ( )

Are you currently employed? \_\_\_\_\_

What is your highest level of education completed? \_\_\_\_\_

What is your monthly mortgage or rent? \_\_\_\_\_

What kind of services are you requesting? \_\_\_\_\_

Would you like to be referred to other agencies that may provide services for you? \_\_\_\_\_

**SOURCES OF ALL HOUSEHOLD INCOME**

Total Monthly Household Income: \$ \_\_\_\_\_

For assistance in locating the Community Action Agency in your area, please call: 1-800-421-0762.

**PLEASE REMEMBER TO ATTACH THIS DOCUMENT)**  
Please list all members of your household here.

Name	Birth Date	Age	Marital Status	Sex	Disabled Yes or No	Income

Income for the last past twelve months: \_\_\_\_\_  
How did you hear about this program? \_\_\_\_\_

If completing this form on behalf of someone else, please complete the section below with your information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

This information will serve as a pre-application only. If you are income eligible, you will be contacted regarding scheduling an appointment within five business days to complete the process. You will be sent a denial letter if you are over the income guideline.

I understand that it is unlawful to willfully withhold information or make false statement regarding this declaration and that I am subject to prosecution if I do so. I certify that to the best of my knowledge, the information provided in this application is true and correct.