



Community and Economic Development Programs

International Rescue Committee
5227 N. 7th Street
Phoenix, AZ 85014

Please select all programs you are interested in:

| | | |
|---------------------------------|------|----------|
| New Roots FARM Program | | |
| Microenterprise Development | | |
| Individual Development Accounts | Home | Business |

PROGRAM APPLICATION FORM

Please note: Personal and financial information requested on this form are necessary for evaluating your application and will be kept confidential.

PERSONAL INFORMATION

| | | |
|--|---|----------------|
| Name: First Middle Last | Social Security Number: | |
| Address: Apt No. | Alien Number: | |
| City: | State: | Zip Code: |
| Home Phone: Cell Phone: E-Mail: | Male or Female (Circle one) | Date of Birth: |
| Country of Origin: | Primary Language: Is English spoken in the Home? _____ | |
| English competency level: <ul style="list-style-type: none">• Need interpreter• Basic (circle one)• Moderate• Advanced | Resettlement Agency: | |
| | Date of Arrival: Refugee ____ Asylee ____ Other ____ | |

EMERGENCY CONTACT INFORMATION

Please list emergency contact person who does not live with you:

Name: _____

Phone _____ Relationship: _____

HIGHEST LEVEL OF EDUCATION COMPLETED

Grades 0-5 _____ High School/GED _____ 4 year Degree _____
 Grades 6-10 _____ Some College _____ Grad School _____
 Grades 11-12 _____ 2 year Degree _____ Vocational _____
 Total Years of Education _____

FAMILY INFORMATION

Marital Status (please check one):

Married
 Single
 Divorced
 Widowed

Number of Adults in the Household _____
 Number of Children in the Household: _____
 Parents living in the Household _____
 Do they receive SSI? _____

List members of your family/household:

| Name (First and Last) | Relationship | Date of birth | Age | SSN (Last 4) | Occupation/school grade |
|-----------------------|--------------|---------------|-----|--------------|-------------------------|
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EMPLOYMENT INFORMATION

Employment Status (please check one):

Employed more than full time (overtime or more than one job, self & others)
 Employed full-time (35 – 40 hours, self & others)
 Employed part-time (less than 35 hours, self & others)
 Employed part-time and going to school
 Other: _____

Occupation _____ Dates of Employment _____

Current Employer: _____ Phone: _____

Address: _____

List Other Employers (current for second jobs and past):

| Company Name | Current or Past? | Position |
|--------------|------------------|----------|
| | | |
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INCOME INFORMATION

Health Insurance/ACCESS Medical? Subsidized Housing?
 Cash Assistance? TANF Currently? TANF in the past?
 Food Stamps? SSI/SSDI? Eligible for EITC last year?

Please list household income BEFORE taxes:

| Category | Last Month | Current Month |
|--------------------------------|------------|---------------|
| Employment (wages) | \$ | \$ |
| Self-employment | \$ | \$ |
| Government Assistance/SSI | \$ | \$ |
| Pensions or retirement income | \$ | \$ |
| Child support/alimony payments | \$ | \$ |
| Investment Income | \$ | \$ |
| Other (specify): | \$ | \$ |
| TOTAL | \$ | \$ |

BUSINESS EXPERIENCE/INTEREST

1. Have you ever owned a business or farm or any other agricultural business?

2. Have you ever worked in a family business?

3. Why do you want to own a business?

APPLICANT CERTIFICATION

My signature below certifies that all information provided on this application is correct to the best of my knowledge.

Applicant #1 Signature Print Name Date

Applicant #2 Signature Print Name Date