



EARTH FOR HUMANITIES, INC.
APPLICATION FOR COMPUTER

Applicant's Name: _____
Last Name First Name

Applicant's Birth Date: _____ Social Security Number: _____

Applicant's Marital Status: Married _____ Single _____ Divorced _____

Applicant's Street Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: home _____ work _____

Education (Highest Level Completed) _____

Personal References: Name,address, phone: _____

Race/National Origin

(This information is confidential and is gathered for the purpose of evaluating the effectiveness of our equal opportunity efforts.)

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> White, not of Hispanic origin | <input type="checkbox"/> Black, not of Hispanic origin |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other _____ |

What language do you speak best? _____

What language do you read/write best? _____

How long have you lived at above address? _____

Legal Resident of U.S. ? Yes _____ No _____

If you have lived less than 4 years at above address, list previous addresses as needed for 4 year history:

List Below the names of all people living in your home, including yourself:

NAME	AGE	SEX	RELATIONSHIP
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Family Information

Applicant's Maiden Name (if applicable) _____

Applicant's relatives (parents, brothers, sisters, grandparents, aunt, uncle, etc.) including step relatives

<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>How have they helped?</i>
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Child Support

Is child support ordered by a court? Yes _____ No _____

If not, will you go to court to get support? Yes _____ No _____

If no, explain _____

Are you receiving child support? Yes _____ No _____ If yes, how much _____

Name and address of child(ren)'s other parent:

Parent (Name & Address)

Child (Name)

Other Sources of Help

Have you or someone in the household been helped from any other sources such as churches, multi-service centers, or friends whom you have not already listed on this form? Yes _____ No _____

If yes, who, how much & when? _____

Housing Information

Present Housing Situation: Own _____ Rent _____ Other _____

If renting, what is your monthly rent? _____ Number of bedrooms? _____

If own, what is the value of your home _____

Name, Address & Phone # of Landlord _____

Do you own land? _____ If so, where? _____

Financial Information

Earned Income: (for every working member of your household, please provide the following)

Name	Employer	Date Started	Weekly Income
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Do you own a vehicle(s) ? If so, what is the value ? _____

Other Income: (Social Security, SSI, Disability, etc....)

Name: Who receives this income? Kind: What kind of income? Monthly Amount

Public Assistance:

Are you receiving or have you applied for the following: Please answer and attach for every adult living in residence.

Applicant

Subsidized Sec. 8, HUD, or other public housing:	Yes _____	No _____	Date Applied _____	
Utility Allotment	Yes _____	No _____	Date Applied _____	Amount _____
Food Stamps	Yes _____	No _____	Date Applied _____	Amount _____
TANF Welfare	Yes _____	No _____	Date Applied _____	Amount _____
Social Security (any type)	Yes _____	No _____	Date Applied _____	Amount _____
VA Benefits (any time)	Yes _____	No _____	Date Applied _____	Amount _____
FEMA funds	Yes _____	No _____	Date Applied _____	Amount _____
Unemployment Benefits	Yes _____	No _____	Date Applied _____	Amount _____
Grants/Loans	Yes _____	No _____	Date Applied _____	Amount _____
Any other type of help	Yes _____	No _____	Date Applied _____	Amount _____

Other Adult (Please fill out for each adult living in your home)

Subsidized Sec. 8, HUD, or other public housing:	Yes _____	No _____	Date Applied _____	
Utility Allotment	Yes _____	No _____	Date Applied _____	Amount _____
Food Stamps	Yes _____	No _____	Date Applied _____	Amount _____
TANF Welfare	Yes _____	No _____	Date Applied _____	Amount _____
Social Security (any type)	Yes _____	No _____	Date Applied _____	Amount _____
VA Benefits (any time)	Yes _____	No _____	Date Applied _____	Amount _____
FEMA funds	Yes _____	No _____	Date Applied _____	Amount _____
Unemployment Benefits	Yes _____	No _____	Date Applied _____	Amount _____
Grants/Loans	Yes _____	No _____	Date Applied _____	Amount _____
Any other type of help	Yes _____	No _____	Date Applied _____	Amount _____

Has anyone in the household been discontinued, denied or had TANF payments reduced?

Yes _____ No _____ If yes, why? _____

Has anyone in the household ever been convicted of welfare fraud under IC 35-43-5-7?

Yes ____ NO ____ If yes, when & where? _____

Have you or anyone in your household ever been convicted of a felony or misdemeanor ?

If yes, please explain:

Do you, or anyone in your household own a computer? Yes _____ No _____

If yes, do you have Internet accessibility? Yes _____ No _____

If no, have you ever used a computer? Yes _____ No _____

Are you familiar with MS Windows Yes _____ No _____

Are you familiar with the World Wide Web (Internet)?

Please give a brief description of your computer experience:

If none: Do you have a family member or friend that can help you learn to use a computer ?

Please write an essay (500 word minimum) describing how and why an in-home computer would benefit you and your family. Attach

Please write an essay (500 word minimum) describing how you will incorporate the "Pay it Forward" Concept. What will you do to help someone else ? Attach

If you know of any other person that would be a deserving applicant, please direct them to our website to apply. www.EarthForHumanities.org

Please mail your application to: _____ or Fax to: 812/353-7777 or 530/644-7092

Earth For Humanities, Inc.
Corporate Headquarters
3930 S. Walnut St.
Bloomington, IN 47401