

**Charles County Vision 2020 Pilot Program Application  
Empowering Charles County Families**

**Applicant Information**

Legal Name: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you:      Own              Rent              Other If other, please explain: \_\_\_\_\_

Current monthly mortgage or rent payment: \_\_\_\_\_ Length at address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you served in the U.S. Military? \_\_\_\_\_ Branch: \_\_\_\_\_

Rank: \_\_\_\_\_ Entry Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

**Applicant Employment Information**

Current Employer: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Hourly or Salary (Please circle)      Annual Income: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Hourly or Salary (Please circle)      Annual Income: \_\_\_\_\_

### Co-Applicant Information

Legal Name: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you:      Own              Rent              Other If other, please explain: \_\_\_\_\_

Current monthly mortgage or rent payment: \_\_\_\_\_ Length at address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you served in the U.S. Military? \_\_\_\_\_ Branch: \_\_\_\_\_

Rank: \_\_\_\_\_ Entry Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

### Co-Applicant Employment Information

Current Employer: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Hourly or Salary (Please circle)      Annual Income: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Hourly or Salary (Please circle)      Annual Income: \_\_\_\_\_



Are you receiving Housing Assistance?	Yes	No	
<b>Other information you would like to share regarding your housing needs:</b>			

<b>Part Two: Health Information/Needs</b>			<b>Comments:</b>
<b>Do you and your family members have health insurance?</b>	Yes	No	
<b>Do you and your family members have dental insurance?</b>	Yes	No	
<b>Do you and your family members have vision insurance?</b>	Yes	No	
<b>Do you or anyone in your family have mental health issues?</b>	Yes	No	
<b>Do you or anyone in your family have a chronic or long term illness?</b>	Yes	No	
<b>Are you or anyone in your family receiving drug or alcohol treatment?</b>	Yes	No	
<b>Is anyone in your household in need of drug or alcohol treatment?</b>	Yes	No	
<b>Please detail any health conditions or health issues that you or anyone in your household may have:</b>			

Part Three: Education Information/Needs			Comments:
What is your current level of education?	GED	High School Diploma	
	Some College	College Degree	Trade School
Do you have internet access at your current residence?	Yes	No	
Please share with us your educational goals for both you and your family members:			

Part Four: Transportation Information/Needs			Comments:
Do you have your own vehicle?	Yes	No	
Is your vehicle reliable?	Yes	No	
Do you use public transportation?	Yes	No	
Do you have access to public transportation?	Yes	No	
Please share with us your transportation needs:			

**Part Five: Other Information/Needs**

**What other assistance are you receiving from other agencies? (Department of Social Services, Non-Profits, Church, etc. . .)**


**Please share with us any other information regarding assistance you may need to move out of poverty and into long term, sustainable living conditions:**


**How did you find out about the Anti-Poverty Vision 2020 Program: (optional)**

- Friend**
- Family Member**
- Someone in the program**
- County Website**
- Outside Agency: If so, what agency? \_\_\_\_\_**
- Other (Specify): \_\_\_\_\_**