

ELIGIBILITY APPLICATION FOR AMERICAN RESCUE PLAN ACT 2021 RAPID RE-TRAINING

Social Security Number (last 4 digits): XXX-XX-	
First Name:	Last Name:
Physical Address:	
Mailing Address (if different from physical):	
City:	State: Zip:
Phone: Home:	Cell: E-mail:
DEMOGRAPHICS:	DATE OF BIRTH:
	GENDER: :Female :Male
	RACE: American Indian or Alaska Native Asian Native Hawaiian or other Pacific Islander Black or African American White
	ETHNICITY: Hispanic Non-Hispanic Undeclared
PRIORITY OF SERVICE DEMOGRAPHICS	Native American; Senior Citizen; Individual with disabilities; Veteran; Foster Youth; Formerly Incarcerated Individual;
ELIGIBILITY:	INDIVIDUAL INCOME: Max allowed: 250% of the annual Federal Poverty Guidelines. NO exceptions.
	18 years of age or older at time of application: Yes No
	US CITIZEN: Yes No (If no, registered alien with work authorization?) Yes No
SELECTIVE SERVICE (MALE BORN AFTER 12/31/59)	Yes Registered Male No Not a Registered Male Exempt – Including Females
<p>I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this application. I am also aware that I am subject to immediate termination from this program if I am found ineligible after enrollment and may be prosecuted for fraud if I intentionally supplied inaccurate or misleading information. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I have been advised of the Privacy Act of 1974 and my rights to file a complaint.</p>	
<hr/> <div style="display: flex; justify-content: space-between;"> Signature of Applicant Date </div>	
<hr/> <div style="display: flex; justify-content: space-between;"> Signature of Interviewer Date </div>	