

Case No. GR VIII

APPLICATION FOR PUBLIC ASSISTANCE GRANT

Project Granada Relocation Project Date 19

Applicant's Name _____

Address Amache, Colorado

Family Composition

List Head of Family and Other Members of Household	Relation To Head	Age	Sex	Working		Not Working		Reason Unable To Work	Children in School	
				Yes	No	Seeking Work	Unable To Work		Yes	No
1.	Head									
2.										
3.										
4.										
5.										
6.										
7.										
8.										

Financial Statement

Assets	\$ _____	Liabilities	\$ _____
.	\$ _____	\$ _____
.	\$ _____	\$ _____
Total	\$ _____	\$ _____

Cash income during last 90 days \$ _____ (Over)

I hereby certify that the above information is true and correct to my best knowledge and belief and that my resources are not adequate to meet the essential needs of myself and my family.

(Signature) _____

Report _____

Applicant's Needs are:

Family Composition		Working		Seeking Work		Not Working		Total	
Head of Household	Other Members	Head of Household	Other Members	Head of Household	Other Members	Head of Household	Other Members	Head of Household	Other Members
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
10	10	10	10	10	10	10	10	10	10
11	11	11	11	11	11	11	11	11	11
12	12	12	12	12	12	12	12	12	12
13	13	13	13	13	13	13	13	13	13
14	14	14	14	14	14	14	14	14	14
15	15	15	15	15	15	15	15	15	15
16	16	16	16	16	16	16	16	16	16
17	17	17	17	17	17	17	17	17	17
18	18	18	18	18	18	18	18	18	18
19	19	19	19	19	19	19	19	19	19
20	20	20	20	20	20	20	20	20	20

Recommendation:

Applicant's statement:

(Cross out
(inapplicable
(statement.

Grant approved in the amount of \$ _____

Date _____

(Head, Public Welfare Section)

Grant Paid _____

(Date)

Voucher No. _____

Amount . . \$ _____

Y. Donato Trullada