

**The Greene County Department of Job & Family Services
PREVENTION, RETENTION, AND CONTINGENCY (PRC) APPLICATION**

| Name: | For Agency Use Only Date received by agency: | | | | |
|---|--|---------------------------|-----|--------------------|--------------------------|
| Social Security Number: | | | | | |
| Address: | | | | | |
| Phone Number: | | | | | |
| E-mail: | | | | | |
| Voter Registration Notification: If you are not registered to vote where you live now, would you like to register to vote at this time? <input type="checkbox"/> YES <input type="checkbox"/> NO (If you do not check either box, you will be considered to have decided not to register to vote at this time. This does NOT affect your application for benefits in any way.) | | | | | |
| Explain what you are needing and why you are needing it: | | | | | |
| Give the names of other agencies you have contacted for help and whether they will be assisting you: | | | | | |
| Explain how you will be able to meet this need in the future: | | | | | |
| Is anyone in your household currently ineligible for or disqualified from assistance programs? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| Has anyone in your household quit a job, refused a job, or significantly reduced hours of employment in the last 60 days? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| Complete the following for EVERY person living in your household, including yourself. | | | | | |
| Name | SSN | Relationship to Applicant | Age | Source of Income | Monthly Amount of Income |
| 1. | | | | | \$ |
| 2. | | | | | \$ |
| 3. | | | | | \$ |
| 4. | | | | | \$ |
| 5. | | | | | \$ |
| 6. | | | | | \$ |
| 7. | | | | | \$ |
| 8. | | | | | \$ |
| Resources | | Person with Resource | | Amount of Resource | |
| Cash: | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | \$ |
| Savings account: | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | \$ |
| Checking account: | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | \$ |
| CDs: | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | \$ |
| Other (specify): | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | \$ |

Signature of Applicant: _____

Date: _____