



Career Family Opportunity

Preliminary Application

Thank you for your interest in applying to Crittenton Women's Union's **Cambridge Career Family Opportunity (CFO)** program. To determine your eligibility to participate, please complete this preliminary application and return to the CFO Program, One Washington Mall, 2nd floor, Boston, MA 02108, or call our staff at **857-401-2218** within two weeks of receiving the application. If we determine that you are eligible for the program, we will contact you to invite you to complete a full application, submit supporting documentation and meet with a CFO Mentor.

The CFO program does not discriminate on the basis of age, race, ethnicity, gender, sexual orientation, disability or religion.

To help CFO better assist you, please fully complete this application. Information provided will be kept confidential and will not be shared outside CWU's CFO program.

Today's Date: _____

APPLICANT INFORMATION

Full Name: _____
First M.I. Last

Date of Birth: ____/____/____

CONTACT INFORMATION

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Please check the best way to contact you:

- Home Phone: _____ Cell Phone: _____
- Work Phone: _____ Other Phone: _____
- E-mail Address: _____
- U.S. Mail: _____
Mailing address, if different from your home address

DEMOGRAPHIC INFORMATION

Gender (please check):

- Female Male Transgender

Primary Race (please check):

- American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Other:

Secondary Race (please check):

- American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Other:

Ethnicity:

- Latino/Hispanic Non Latino/Hispanic

Is English your first language? Yes No

If no, what is your primary language: _____

Please rate your level of
English proficiency (circle one):

1
Low

2

3
Moderate

4

5
High

Public Housing: _____
(name of development)

Mobile Section 8
Voucher

Project Based Section 8
Voucher

Are you the Head of Household? Yes No

**Are you in good standing with your
Housing Authority?** (i.e. rent is
current, no problems with lease
violations, etc)

Yes No

If no, please explain the situation:
(use an additional sheet if necessary)

ADDITIONAL HOUSEHOLD MEMBER INFORMATION

Please list everyone who currently resides in your household, including yourself.

Full Name:	_____	_____	_____
	<i>First</i>	<i>M.I.</i>	<i>Last</i>
Is this person your legal dependant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
		<i>Relationship to you</i>	<i>Date of Birth</i>
Monthly Gross Income	\$ _____		
Sources of Income¹:			

Full Name:	_____	_____	_____
	<i>First</i>	<i>M.I.</i>	<i>Last</i>
Is this person your legal dependant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
		<i>Relationship to you</i>	<i>Date of Birth</i>
Monthly Gross Income	\$ _____		
Sources of Income*:			

Full Name:	_____	_____	_____
	<i>First</i>	<i>M.I.</i>	<i>Last</i>
Is this person your legal dependant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
		<i>Relationship to you</i>	<i>Date of Birth</i>
Monthly Gross Income	\$ _____		
Sources of Income*:			

Full Name:	_____	_____	_____
	<i>First</i>	<i>M.I.</i>	<i>Last</i>
Is this person your legal dependant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
		<i>Relationship to you</i>	<i>Date of Birth</i>
Monthly Gross Income	\$ _____		
Sources of Income*:			

¹ **Sources of Income:** i.e. Wages, SSI/SSDI, TAFDC, Unemployment, Child Support, Alimony, etc.

Does anyone in your household receive any of the following public benefits or services? (Please check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Child care voucher | <input type="checkbox"/> Food Stamps \$ _____
<i>monthly amount</i> |
| <input type="checkbox"/> MassHealth / Medicaid | <input type="checkbox"/> WIC \$ _____
<i>monthly amount</i> |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Other: _____ |

Do you have a High School Diploma or GED?

- Yes, issued in the United States
 Yes, issued outside the United States
 No

Have you ever been charged and/or convicted of a crime?

- No
 I don't know / not sure
 Yes

If yes or if you're not sure, please indicate the charge and explain the situation: _____

Do you have legal status to work in the United States?

- Yes No

If yes, are you a: U.S. Citizen

Legal Permanent Resident

Other immigration status: _____

Are you interested in and able to pursue a career that will pay a self-sufficient wage (i.e. a wage that will fully support you and your family)?

- Yes
 No

How did you hear about Career Family Opportunity (CFO)?

- BHA staff Informational Mailing / Flyer Informational Meeting with CWU staff
 Neighbor Local community organization: _____
 Other _____

By signing below, I am certifying that the above statements are true and that I can produce documentation upon request.

X _____
Signature

Date

FOR OFFICE USE ONLY:

Date Pre- application received by Career Family Opportunity: _____

Complete? Yes No **If not, describe follow up contact:** _____

Is applicant eligible? Yes No

If not, follow up contact and referrals: _____

If eligible, date of meeting with Mentor to complete full appl.: _____

Comments: _____

Mentor Signature: _____