



**EARTH FOR HUMANITIES, INC.**  
**APPLICATION FOR COMPUTER**

Applicant's Name: \_\_\_\_\_  
Last Name First Name

Applicant's Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Applicant's Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_

Applicant's Street Address: \_\_\_\_\_

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

Applicant's Mailing Address: \_\_\_\_\_

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

Phone Number: home \_\_\_\_\_ work \_\_\_\_\_

Education (Highest Level Completed) \_\_\_\_\_

Personal References: Name,address, phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Race/National Origin**

(This information is confidential and is gathered for the purpose of evaluating the effectiveness of our equal opportunity efforts.)

\_\_\_ American Indian or Alaskan Native      \_\_\_ Asian or Pacific Islander  
\_\_\_ White, not of Hispanic origin      \_\_\_ Black, not of Hispanic origin  
\_\_\_ Hispanic      \_\_\_ Other \_\_\_\_\_

What language do you speak best? \_\_\_\_\_

What language do you read/write best? \_\_\_\_\_

How long have you lived at above address? \_\_\_\_\_

Legal Resident of U.S. ? Yes \_\_\_ No \_\_\_

If you have lived less than 4 years at above address, list previous addresses as needed for 4 year history:

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List Below the names of all people living in your home, including yourself:

NAME	AGE	SEX	RELATIONSHIP
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#### Family Information

Applicant's Maiden Name (if applicable) \_\_\_\_\_

Applicant's relatives (parents, brothers, sisters, grandparents, aunt, uncle, etc.) including step relatives

<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>How have they helped?</i>
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#### Child Support

Is child support ordered by a court? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, will you go to court to get support? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain \_\_\_\_\_

Are you receiving child support? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how much \_\_\_\_\_

Name and address of child(ren)'s other parent:

*Parent (Name & Address)*

*Child (Name)*

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**Other Sources of Help**

Have you or someone in the household been helped from any other sources such as churches, multi-service centers, or friends whom you have not already listed on this form? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who, how much & when? \_\_\_\_\_

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**Housing Information**

Present Housing Situation: Own \_\_\_\_\_ Rent \_\_\_\_\_ Other \_\_\_\_\_

If renting, what is your monthly rent? \_\_\_\_\_ Number of bedrooms? \_\_\_\_\_

If own, what is the value of your home \_\_\_\_\_

Name, Address & Phone # of Landlord \_\_\_\_\_

Do you own land? \_\_\_\_\_ If so, where? \_\_\_\_\_

**Financial Information**

*Earned Income: (for every working member of your household, please provide the following)*

<b>Name</b>	<b>Employer</b>	<b>Date Started</b>	<b>Weekly Income</b>
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Do you own a vehicle(s) ? If so, what is the value ? \_\_\_\_\_

**Other Income: (Social Security, SSI, Disability, etc....)**

**Name: Who receives this income?                      Kind: What kind of income?                      Monthly Amount**

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**Public Assistance:**

Are you receiving or have you applied for the following: Please answer and attach for every adult living in residence.

*Applicant*

Subsidized Sec. 8, HUD, or other public housing:	Yes _____	No _____	Date Applied _____	
Utility Allotment	Yes _____	No _____	Date Applied _____	Amount _____
Food Stamps	Yes _____	No _____	Date Applied _____	Amount _____
TANF Welfare	Yes _____	No _____	Date Applied _____	Amount _____
Social Security (any type)	Yes _____	No _____	Date Applied _____	Amount _____
VA Benefits (any time)	Yes _____	No _____	Date Applied _____	Amount _____
FEMA funds	Yes _____	No _____	Date Applied _____	Amount _____
Unemployment Benefits	Yes _____	No _____	Date Applied _____	Amount _____
Grants/Loans	Yes _____	No _____	Date Applied _____	Amount _____
Any other type of help	Yes _____	No _____	Date Applied _____	Amount _____

**Other Adult (Please fill out for each adult living in your home)**

Subsidized Sec. 8, HUD, or other public housing:	Yes _____	No _____	Date Applied _____	
Utility Allotment	Yes _____	No _____	Date Applied _____	Amount _____
Food Stamps	Yes _____	No _____	Date Applied _____	Amount _____
TANF Welfare	Yes _____	No _____	Date Applied _____	Amount _____
Social Security (any type)	Yes _____	No _____	Date Applied _____	Amount _____
VA Benefits (any time)	Yes _____	No _____	Date Applied _____	Amount _____
FEMA funds	Yes _____	No _____	Date Applied _____	Amount _____
Unemployment Benefits	Yes _____	No _____	Date Applied _____	Amount _____
Grants/Loans	Yes _____	No _____	Date Applied _____	Amount _____
Any other type of help	Yes _____	No _____	Date Applied _____	Amount _____

Has anyone in the household been discontinued, denied or had TANF payments reduced?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, why? \_\_\_\_\_

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Has anyone in the household ever been convicted of welfare fraud under IC 35-43-5-7?

Yes \_\_\_\_ NO \_\_\_\_ If yes, when & where? \_\_\_\_\_

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Have you or anyone in your household ever been convicted of a felony or misdemeanor ?

If yes, please explain:

Do you, or anyone in your household own a computer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, do you have Internet accessibility? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, have you ever used a computer? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you familiar with MS Windows Yes \_\_\_\_\_ No \_\_\_\_\_

Are you familiar with the World Wide Web (Internet)?

Please give a brief description of your computer experience:

If none: Do you have a family member or friend that can help you learn to use a computer ?

Please write an essay (500 word minimum) describing how and why an in-home computer would benefit you and your family. Attach

Please write an essay (500 word minimum) describing how you will incorporate the "Pay it Forward" Concept. What will you do to help someone else ? Attach

If you know of any other person that would be a deserving applicant, please direct them to our website to apply. [www.EarthForHumanities.org](http://www.EarthForHumanities.org)

Please mail your application to: \_\_\_\_\_ or Fax to: 812/353-7777 or 530/644-7092

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