

Waipahu Community Association Micro-Enterprise Training Program Application

*The information on this form is requested from all individual participants to comply with various funding grants that the Waipahu Community Association (WCA) has received in the past. These include funding from U.S. Department of Housing and Urban Development and the U.S. Department of Commerce, Economic Development Administration.
All information will remain confidential.*

PLEASE SUBMIT WITH \$20.00 REGISTRATION FEE. MAKE CHECKS PAYABLE TO WCA.

Please print clearly

Full Legal Name: _____

Home Address: _____ Town: _____ Zip Code: _____

Home Phone: _____ Cell/Work Phone: _____ Email: _____

Family Size and Income: Please provide the following information on each family member in your household who is related by birth, marriage, or adoption. Unrelated individuals may be considered as one-person families.

Name	Relationship	Monthly Gross Income	X 12 mo.	Estimated Annual Income
Total household members:		Total Household income		\$

Ethnicity: Please check one that best identifies you:

- Caucasian
 African-American
 Native American or Native Alaskan
 Native Hawaiian
 Hispanic
 Asian
 Pacific Islander
 Two or more: _____
 Other: _____

Are you a female head of household? Yes No

Are you a U.S. Military Veteran? Yes No **Are you disabled?** Yes No

Income documentation provided (Circle one only if you are applying for program fee waiver)

IRS 1040 TANF form Pay stubs Section 8 housing Other: _____

Certification: By signing below, I certify that the information provided above is true and to the best of my knowledge. I understand that this information is subject to verification by WCA, local, state, and federal government representatives.

Applicant Signature and date: _____ WCA staff initials/date rec'd _____