

# Participant Application

## Mission Home Help

[Office use only: Date of enrollment: \_\_\_\_\_ Target date to purchase: \_\_\_\_\_]

### Contact Information

Name: \_\_\_\_\_ SSN (last four digits only): \_\_\_\_\_  
Street: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list all and then indicate with an **X** the best way to reach you:

Home phone: (\_\_\_\_) \_\_\_\_\_  Work phone: (\_\_\_\_) \_\_\_\_\_  
 Cell phone: (\_\_\_\_) \_\_\_\_\_  E-mail: \_\_\_\_\_

If applicable, list the best days and times to reach you: \_\_\_\_\_

How did you hear about Mission Home Help? \_\_\_\_\_

Do you have any special needs Mission Home Help should know about? \_\_\_\_\_

### Personal and Household Information

*The following information is for our records only and helps us know whether we are reaching a diverse group of participants. It does not affect your acceptance in the program or your award amount.*

Marital status (please circle one):

Single Married Divorced Separated Widowed Long term Partner

How do you identify yourself in regard to race? \_\_\_\_\_

How many adults (18 years and older) currently live in your household\*? \_\_\_\_\_

How many children (under age 18) currently live in your household? \_\_\_\_\_

What is the primary language spoken in your household? \_\_\_\_\_

If it is not English, is English also spoken? \_\_\_\_\_

\*Household includes 1) your financial dependents (for example, your dependent children), 2) anyone you depend on financially (for example, your parents), or 3) anyone with whom you are financially interdependent (for example, your spouse or partner). Your "household" may or may not be the same as the people with whom you live.

### Mission Employment Information

When did you begin full time employment with Mission Hospitals? \_\_\_\_\_

What is your current wage or salary? \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

[FOR OFFICE USE ONLY] INCOME VERIFICATION: Income: \_\_\_\_\_ for year: \_\_\_\_\_

Document (e.g., W2, tax return): \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Please return completed applications to:

OnTrack Financial Education and Counseling, Attn: Becky Brown, 50 S. French Broad Ave #227, Asheville, NC 28801

For questions call Becky Brown at OnTrack: 828-255-5166.