

Dear Applicant,

Enclosed you will find an application for the Assets to Opportunity program. Please note that a signed and completed application must be submitted in order for your application to be processed.

- ♥ Make sure your application is completely filled out. Provide an email address and **CORRECT** contact information.
- ♥ After you submit your application packet, it will take **8 – 10 business days to review**.
- ♥ A staff member will contact you to discuss your application and request any additional documentation required. Please make sure you provide legible copies of the documents.
- ♥ If you are approved or denied, you will be contacted via email.

If you have questions regarding the application process or documentation requirements, please contact us for additional information. Thank you!

Assets to Opportunity Contact Information & Drop Off Instructions

Application & Documentation can be submitted via:
DROP OFF, MAIL, EMAIL / SCAN, or FAX

A New Leaf-Mesa Community Action Network (MesaCAN)
ATO Program
635 East Broadway Road
Mesa AZ 85204

Phone: 480-833-9200 ext. 3415 or ext. 3416
FAX: 480-962-1216

a t o @ t u r n a n e w l e a f . o r g

ATO Program Application

Applicant Profile

Please note:

All information requested on this application form will be kept CONFIDENTIAL within Mesa Community Action Network(CAN) ATO Program, partner organizations, and evaluators. Much of the personal and financial information collected on this form is necessary only for program evaluation purposes.

PRINT CLEARLY

Name: _____ Date of Birth: ____/____/____
First Name – Middle Initial – Last Name Month Day Year

SSN: XXX – XX – _____ Phone: (____) _____ - _____ Cell Home Other: _____

Street Address: _____ Apt./Unit #: _____

City: _____, Arizona Zip Code: _____

Email Address: _____

What barriers do you currently face? None Housing Insufficient Income Health Legal

Were you referred to the ATO Program by another Organization? Yes No If Yes: check referring source:

A New Leaf Website College Bound Friend ATO Presentation Other: _____

Assets to Opportunity Goal

Please select one: Education – Post Secondary Small Business

Highest Level of Education: Grades K-5 6-8 9-11 HS Diploma/GED
 Vocational Diploma/Degree Some College Associate Degree BA/BS Degree Graduate Degree

Attending or Attended
 High School: _____ College/University: _____

Current/Future Major: _____ Expected Graduation Date: _____

Study Abroad: _____ N / A

The following information is required and used for compliance and reporting only.

Gender: Male Female Other

Marital Status: Single Never Married Married Divorced Separated Widowed

Primary Employment: Part-Time Full-Time Full-Time Student Unemployed Retired
 Other: _____

Are you of Hispanic / Latino Ethnicity: Yes No

Race:

White Black / African American Black or AA & White Asian
 American Indian/ Alaska Native American Indian / AN & White Asian & White
 American Indian / AN & Black/ AA Native Hawaiian/ Other Pacific Islander Other Multi-Racial

Native Language: English Spanish Other: _____

Veteran Status: Veteran Active Military Not a Veteran

Citizenship Status: US Citizen Other: _____

Note: Citizenship does not determine eligibility.

ATO Program Application Household Size & Income of Applicant

IMPORTANT: PLEASE READ CAREFULLY AND CHECK THE BOX THAT BEST APPLIES TO YOU.

- You are 16 or older and have earned income (regardless of who you are living with), you are considered your own household.

Do you have any dependent children (under 18)? Yes No

Number of dependent children: _____

Do you have any other dependents? Yes No

Number of dependent (s): _____

- You are 16 or older, do not have earned income and are living with parents/guardians or other working adults.

Do you have any dependent children (under 18)? Yes No

Number of dependent children: _____

Do you have any other dependents? Yes No

Number of dependent (s): _____

If you have dependent children within your household, please list their ages from **youngest** to **oldest**:

Monthly income before taxes of your household by source:

\$ _____ Formal Employment

\$ _____ Self-Employment

\$ _____ Government Assistance: Food Stamps SSI TANF

\$ _____ Pensions or Retirement Income

\$ _____ Child Support / Alimony

\$ _____ Friends / Family

\$ _____ Investment Income

\$ _____ Rental Property Income

\$ _____ Other (specify): _____

Current Living Arrangements: House Apartment Mobile Home Homeless Hotel/Motel
 With Family/Friends Other: _____

Do you currently **own** or **rent** where you are living? Own Rent Other: _____

My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge. I understand that it is unlawful to present false information and that doing so may result in termination from the program and civil and/or criminal legal action.

Signature: _____

Date: _____