



2026 Community Action Application TRAINING FOR EMPLOYMENT

This program is based on your gross household income, which is your income before taxes. Income limits are listed on the application. In order for your application to be processed, you must provide the following information:

- List all members living in your home
- Verification of income for all sources of household income for everyone in the home (the most recent 30 days of income, including paycheck stubs, social security award letters, child support, alimony, bank statement, etc.)

*Program maximum is generally \$5,000 per person. Payments are made directly to a licensed and accredited school.

√	Application checklist:
	Completed application with information for all people living in the home and the application is signed.
	Verification of income for all persons living in my household (including pay stubs, child support, alimony, bank statements, etc.)

Eligibility Criteria

The eligibility criteria is determined each year by the federal government.

2026 Income eligibility guidelines	Gross Income (200%)
Family unit of 1	\$31,920
2	\$43,280
3	\$54,640
4	\$66,000
5	\$77,360
6	\$88,720
7	\$100,080
8	\$111,440

PLEASE PRINT CLEARLY

Last Name: _____ **First Name:** _____

Physical Address: _____

Mailing Address (if different from physical): _____

Contact Number: _____

Email Address: _____

Please list the type of training you would like to pursue: _____

Individuals in the home, including yourself:

Marital Status options: Divorced, Married, Never Married, Single, Separated, Widowed

SELF	
Name (First and Last)	Do you have health insurance? YES or NO If so what type? (circle answer choice) Medicaid, Medicare, Employment based, Other: _____
Date of Birth:	Work Status: (circle answer choice) Employed or Unemployed Part-Time, Full-time, Other: _____
Social Security #	Is this person legally disabled? (circle answer choice) Yes or No
Marital Status: Divorced -Married-Single-Separated- Widowed	Military Status: (circle answer choice) Veteran, Active Military or Not Applicable
Relationship to applicant: SELF	Gender (circle answer choice): Male or Female
Education Level:	Housing Status: (circle answer choice) Own, Rent, Homeless, Other: _____
Race:	Ethnicity: (circle answer choice) Hispanic, Not Hispanic
Does your family currently receive SNAP or TANF? (circle answer choice) Yes, No, Case pending	

Person 2	
Name (First and Last)	Do you have health insurance? YES or NO If so what type? (circle answer choice) Medicaid, Medicare, Employment based, Other:_____
Date of Birth:	Work Status: (circle answer choice) Employed or Unemployed Part-Time, Full-time, Other: _____
Social Security #	Is this person legally disabled? (circle answer choice) Yes or No
Marital Status:	Military Status: (circle answer choice) Veteran, Active Military or Not applicable.
Relationship to applicant:	Gender (circle answer choice): Male or Female
Education Level:	Housing Status: (circle answer choice) Own, Rent, Homeless, Other:_____
Race:	Ethnicity: (circle answer choice) Hispanic, Not Hispanic,

Person 3	
Name (First and Last)	Do you have health insurance? YES or NO If so what type? (circle answer choice) Medicaid, Medicare, Employment based, Other:_____
Date of Birth:	Work Status: (circle answer choice) Employed or Unemployed Part-Time, Full-time, Other: _____
Social Security #	Is this person legally disabled? (circle answer choice) Yes or No
Marital Status:	Military Status: (circle answer choice) Veteran, Active Military or Not applicable.
Relationship to applicant:	Gender (circle answer choice): Male or Female
Education Level:	Housing Status: (circle answer choice) Own, Rent, Homeless, Other:_____
Race:	Ethnicity: (circle answer choice) Hispanic, Not Hispanic,

Person 4	
Name (First and Last)	Do you have health insurance? YES or NO If so what type? (circle answer choice) Medicaid, Medicare, Employment based, Other:_____
Date of Birth:	Work Status: (circle answer choice) Employed or Unemployed Part-Time, Full-time, Other: _____
Social Security #	Is this person legally disabled? (circle answer choice) Yes or No
Marital Status:	Military Status: (circle answer choice) Veteran, Active Military or Not applicable.
Relationship to applicant:	Gender (circle answer choice): Male or Female
Education Level:	Housing Status: (circle answer choice) Own, Rent, Homeless, Other:_____
Race:	Ethnicity: (circle answer choice) Hispanic, Not Hispanic,

Person 5	
Name (First and Last)	Do you have health insurance? YES or NO If so what type? (circle answer choice) Medicaid, Medicare, Employment based, Other: _____
Date of Birth:	Work Status: (circle answer choice) Employed or Unemployed Part-Time, Full-time, Other: _____
Social Security #	Is this person legally disabled? (circle answer choice) Yes or No
Marital Status:	Military Status: (circle answer choice) Veteran, Active Military or Not applicable.
Relationship to applicant:	Gender (circle answer choice): Male or Female
Education Level:	Housing Status: (circle answer choice) Own, Rent, Homeless, Other: _____
Race:	Ethnicity: (circle answer choice) Hispanic, Not Hispanic, Other: _____

Please circle the cause of economic hardship you or a person in your household have experienced (check all that apply)

- Laid off
- Experienced a reduction in hours of work;
- Lost child or spousal support;
- None of the above situations applies to my family and me

Income (Verification required for all income received within the past 30 days)

Name of person with income	GROSS amount of income	How often received	Source of Income (SSI, Child Support, Salary)
Banking Information- Name of Account Holder	Type of Account	Name of Bank	Balance in accounts

➤ **PLEASE READ THE FOLLOWING STATEMENTS PRIOR TO SIGNING THIS APPLICATION:**

- By signing this application, the applicant confirms that all information provided is accurate. Failure to report accurate information is considered fraud. This includes failing to report all persons living in the household, failing to report all income from all sources, making false statements and withholding information. Failure to comply with program requirements could result in repayment of any benefits you receive and/or being ineligible for additional assistance. ___ **Initial**
- It is the responsibility of the applicant to provide all required documents to the agency. This includes the legal name of a company, an accurate address and account numbers. Failure to provide documents will result in this application being denied. Completion of this application gives the agency permission to verify sources of income. Approval of funds is contingent upon meeting the guidelines and the availability of funds. I fully understand the above statement. ___ **Initial**
- I give permission for this application to be reviewed by state and federal staff for program compliance purposes. ___ **Initial**
- I understand that my signature on this form gives permission to verify information concerning my need for assistance. ___ **Initial**

Print Name: _____ **Signature:** _____ **Date:** _____

For Office Use ONLY:

Approved or Denied	Type of Assistance	Amount approved
	Training for Employment	

Vendor: _____

Funding Source: _____