

KAWERAK, INC. ~ Education, Employment, and Training Division

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SUPPLEMENTAL INFORMATION FORM: (Required)

Name: _____, _____, _____
 (Last) (First) (Middle Initial)

Social Security Number: _____ - _____ - _____ Date _____ - _____ - _____

Household Information: List all persons currently living permanently in the household with the information requested for each person (yourself, spouse, boyfriend, girlfriend, children, grandparents, aunts, uncles, etc.)

Last Name, First Name	Relationship	Birth date	Monthly Income	Work or School Schedule
	Applicant / Self			

HOUSEHOLD TYPE: Own Mortgaged Rental Relatives Other _____

ECONOMIC STATUS: Check all areas indication all types of income received by everyone in the household:		FAMILY INCOME: List all family income and their total earned income for the PAST YEAR. Enter zero in the income column if the person had no earnings or income.	
Employed	\$	Self	\$
Unemployed	\$	Father	\$
ATAP/TANF	\$	Mother	\$
General Assistance	\$	Dependent	\$
Food Stamps	\$	Dependent	\$
Supplemental Social Security (SSI-SSA)	\$	Dependent	\$
Social Security Disability Insurance (SSDI)	\$	Grandparent	\$
Veteran Disability	\$	Aunt	\$
Senior Assistance	\$	Uncle	\$
Other	\$	Other	\$
Total Annual Income	\$	Total Annual Income	\$

**Estimate the Total Monthly Expenses Spent by ALL Household Residents
(Proof of Expenses may be Requested of Applicant)**

Rent / Mortgage Payment	\$	Phone (Not Long Distance)	\$
Food	\$	Cell Phone	\$
Electricity / Utility	\$	Cable Television	\$
Water	\$	Internet	\$
Heating Fuel	\$	Other	\$
Propane	\$	Other	\$
Gasoline	\$	Other	
Total	\$	Total	\$

EMPLOYMENT HISTORY, UNPAID WORK SERVICE, AND/OR SELF – EMPLOYMENT

1. Job Title		Start Date	End Date	Last Hourly Wage
Employer/Company Name		Employer/Company Address		Phone Number
Immediate Supervisor		Reason for Leaving		
Duties and Responsibilities				
2. Job Title		Start Date	End Date	Last Hourly Wage
Employer/Company Name		Employer/Company Address		Phone Number
Immediate Supervisor		Reason for Leaving		
Duties and Responsibilities				
3. Job Title		Start Date	End Date	Last Hourly Wage
Employer/Company Name		Employer/Company Address		Phone Number
Immediate Supervisor		Reason for Leaving		
Duties and Responsibilities				
4. Job Title		Start Date	End Date	Last Hourly Wage
Employer/Company Name		Employer/Company Address		Phone Number
Immediate Supervisor		Reason for Leaving		
Duties and Responsibilities				