

# Technology Access Application

Affordable computers for low-income adults



## Applicant Information

<b>Applicant Name</b> (first, middle, last): Click here to enter text.		<b>Email</b> (not required): Click here to enter text.		<b>Phone Number:</b> Click here to enter text.	
<b>Street Address:</b> Click here to enter text.			<b>City:</b> Click here to enter text.		
<b>State:</b> Click here to	<b>Zip Code:</b> Click here to	<b>County:</b> Click here to	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Answer		
<b>Race</b> (select one): <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Prefer Not to Answer					
<b>Ethnicity</b> (select one): <input type="checkbox"/> Hispanic or Latino Or Spanish Origin <input type="checkbox"/> Not Hispanic or Latino or Spanish Origin <input type="checkbox"/> Prefer not to answer					
<b>Computer Type / Number Requested:</b> Each individual may receive up to 2 computers a year. Choose number from drop-down menu. Choose an item. Laptops (\$70 each) Choose an item. Desktops (\$30 each)			<b>Application Submitted By:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Partner Agency Representative (If partner, skip to partner agency information section.)		
<b>Eligibility</b> (choose one or both): Applicants must be able to provide a <u>photo ID</u> and <u>proof of eligibility</u> at pick up unless nominated by partner agency. <input type="checkbox"/> Yes, I am a low income adult (below 200% of the poverty level). See chart below. <input type="checkbox"/> Yes, I am an adult enrolled in an income based government assistance program. See list below.					

## Partner Agency Information (Only If Applicable)

<b>Nominating Agency Name:</b> Click here to enter text.		<b>Phone Number:</b> Click here to enter text.	
<b>Representative's Name:</b> Click here to enter text.		<b>Email Address:</b> Click here to enter text.	
<b>Is the client currently served by your agency:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If possible, please describe: <a href="#">Click here to enter text.</a>			

### Low-Income Adult Eligibility:

Persons in Family	Max Allowed Income	Persons in Family	Max Allowed Income
1	\$25,760	4	\$53,000
2	\$34,840	5	\$62,080
3	\$43,920	6	\$71,160

**Accepted Net Income Documents:** Prior year's state, federal, or tribal tax return (W2 forms or pay stubs NOT accepted), Social Security statement of benefits, Veteran Administration statement of benefits, retirement/pension statement of benefits, Unemployment Compensation statement of benefits, Federal or tribal notice letter of participation in General Assistance.

### Income Based Government Assistance Program Eligibility:

**Accepted Government Assistance Documents:** Food support (SNAP), Employment services, Extended Foster Care, Head Start, Home Energy Assistance Program (LIHEAP), Medicaid or Medical Assistance, Free or Reduced Lunch Program, Section 8, Federal Public Housing, Social Security Disability, Supplemental Security Income, A statement of benefits from Social Security, General Assistance, Veteran Administration, Retirement/Pension or Unemployment Benefits.