



## Individual Computer Request Application

### I. Background Information

1. Name: .....
2. Phone Number: (.....)..... 3. E-mail Address: .....
4. Mailing Address: .....  
.....  
.....
5. Preferred method of contact (circle one):    a) Phone    b) E-mail

### II. Eligibility Information

Please answer the questions below to assist us in processing your request. You must provide documentation to verify answers to questions 3-5.

1. Number of dependents: .....    2. Are you a single parent? .....
3. Do you qualify for any disability assistance? If yes, provide a brief explanation:\* .....  
.....  
\* Please provide a copy of your Social Security letter indicating your annual award.
4. Are you or any dependents enrolled in any training program or post-secondary educational program? If yes, provide a brief explanation:\* .....  
.....  
\* Please provide a copy of your current or upcoming course schedule or other proof of enrollment signed by an advisor or supervisor.
5. Do you receive any state or federal aid? If yes, provide a brief explanation:\* .....  
.....  
\* Please present documentation to verify that you receive the above mentioned aid. For example, Medicaid card, Food Stamp card, unemployment insurance voucher, etc.
6. Please indicate the number of persons in your household of legal age in each employment status category.  
Full-time: .....    Part-time: .....    Unemployed: .....    Retired: .....

