

**INITIAL APPLICATION
FOR PERSONS INTERESTED IN TFC**

Date: _____ Marital Status: _____ Years Married: _____ Home Phone: _____ Cell Phone: _____

Mr. _____ Mrs. _____ Ms. _____

Address: _____ City: _____ State: _____ Zip Code: _____

Employer: _____ Phone: _____ Shift: _____
(Husband)

Employer: _____ Phone: _____ Shift: _____
(Wife)

PERSONS IN THE HOME:

1. Husband Age: _____ Last Grade Completed: _____

2. Wife Age: _____ Last Grade Completed: _____

3. _____ Age: _____ 4. _____ Age: _____ 5. _____ Age: _____

6. _____ Age: _____ 7. _____ Age: _____ 8. _____ Age: _____

9. Non-Relatives In The Home (Age and Sex): _____

Home: House _____ Apartment _____ Manufactured/Mobile Home _____

Bedrooms _____ #Available Bedroom(s) _____ Home Owner's Ins.? _____ Yes _____ No

Child Preference: Age _____ Sex _____ Race _____

Do you or your spouse have any felony convictions? _____ If so, please explain

How did you hear of the TFC Program? _____

How long have you thought about doing this? _____

Do you have reliable transportation? _____ Auto Insurance? _____

Comments: _____

