



City of Dallas

**OFFICE OF COMMUNITY CARE-MARTIN LUTHER KING, JR. COMMUNITY CENTER
AC/FAN PROGRAM APPLICATION**

Name (Last, First, M.I.)	
Date of Birth:	
Age:	
Address:	
City:	
State:	
Zip Code:	
Telephone Number:	

Select One:

Race: AA	_____	HSP	_____	W	_____	Other	_____
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Select One:

Marital Status: Single	_____	Married	_____	Divorced	_____	Widowed	_____	Other	_____
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of Household Members: _____

Please Check if Applicable:

Senior Citizen:	_____	Disabled:	_____	Family w/ children under 6yrs:	_____
Severe Medical Condition:	_____	Handicapped:	_____		

APPLICANT CERTIFICATION: *I swear that the information on this form is true and correct and that any changes in circumstances will be reported immediately.*

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____