

Project START
Computer Refurbishment Program
2550 Peachtree Street
Jackson, MS 39216
601-987-4872
1-800-852-8328

Applicant's name _____ SSN _____ DOB _____

Address _____

City, State, Zip Code _____

Telephone Number_(____)_____

County _____

Referred By: _____

Age _____ Gender: M ___ F ___ Height _____ Weight _____ Employment Status: Retired ___ Employed ___ Unemployed ___ Source of Income: SSDI ___ SSI ___ TANF Recipient ___ Race: African American ___ Asian-American ___ Other ___ Hispanic-American ___ Caucasian ___ If employed please indicate employer: _____

1. Please describe your disability?

2. Explain why having a computer will help you?

3. Will you be able to attend computer training? Yes _____ No _____

4. Would you like to go through computer training? Yes ___ No ___

5. What task will be accomplished by using this computer?

6. Please explain why you can not purchase a computer?

7. Current Financial status:

Applicant's HOUSEHOLD MONTHLY INCOME \$ _____

8. Total value of Assets (real estate and property values) \$ _____

9. Number of dependents living in household (including applicant) _____

10. Please circle any that you currently have:

Health Insurance Medicare Medicaid

11. Please explain what the device will be used for such as education, employment or etc

Signing below certifies that all information provided within this application is accurate to the best of your knowledge and is subject to verification.

Signature _____ Date _____