Southeast Nebraska Community Action Partnership, Inc. (SENCA) **Radon Program Application Form**

Last Name:	First Name:	
Street:	City, State:	
Social Security No:	Phone:	
Household Information: Number Adul	ts: Number Children:	
Applicant:		
Date of Birth: (mm/dd/yyyy):/	ar	Gender: ☐ Male ☐ Female
Ethnicity: ☐ Hispanic/Latino ☐ O Race: ☐ American Indian or Alaskan Native ☐ Asiar ☐ White ☐ Refu Marital Status: ☐ Single ☐ Married ☐ Divorced	sed	lative Hawaiian or Other Pacific Islander
Household Income: (Complete only if you wish to	he considered for sliding fee scale)	
Enter total monthly income for all members of y	<u> </u>	
\$AABD \$Alimony or Spousal Support \$Child Support \$Earned Income(Earned from Job) \$Other	\$Pension/Retirement \$Private Disability Insurance \$Rental Income \$Retirement Disability \$Self Employment Wage Total Monthly Income:	\$SSA \$SSDI \$SSI \$TANF \$Unemployment \$Worker's Compensation
	Sliding Fee Scale:	·
2022 Federal Poverty Guidelines	SENCA Pays	Applicant Pays
	100%	\$0
	75%	25%
200%	50%	50%
hereby certify that to the best of my knowledge the info erifying my income, are valid. I understand that this info on this document is used only for the purpose in accorda	ormation is utilized to determine eligibility for service	s for which I am applying. All the information contained

This agency does not discriminate on the basis of sex, age, religion, race or national origin.

I understand that my signature authorizes the following:

- To determine eligibility for services.
- Release of information to services for which I am eligible 2.
- Allow information to be entered into the Nebraska Management Information System (NMIS) a statewide database to be 3. shared with other social service agencies in the state.

I understand that I do not have to participate in the NMIS. I understand that I may revoke this authorization at any time, by doing so in writing to the NMIS user agency named above. A revocation of this authorization will be effective except to the extent the entity disclosing the information has taken action relying on this authorization. This authorization will expire 3 Years from the date I sign it. I understand that revocation or expiration of this authorization will not affect information that has already been entered into the NMIS database in reliance on this authorization.

Applicant Signature:	Date:	