



NOMINATION FORM

Confidential

REFERRED BY? HOW DO YOU KNOW THIS PERSON?	Do you own a laptop computer?	TODAY'S DATE
List any other current FII families that you know? How?		List other <i>applying</i> families that you know. How?
APPLICANT NAME		
ADDRESS / CITY / STATE / ZIP		
HOME PHONE	CELL PHONE	EMAIL

FAMILY INFORMATION – List EVERYONE in your household who will be living with you while you are working with FII. Write N/A for sections not applicable.

	First & Last Name	Sex	Date of Birth	Age	Main Activity 1 & 2 During work week (work, school, stay home, community volunteer)	Monthly Income (gross before Taxes)	Source Of Income (Job, SSI, calworks)	Type of Job	Highest Level of Education	Type of Health Ins.
1	(yourself)				1.					
					2.					
2					1.					
					2.					
3					1.					
					2.					
4					1.					
					2.					
5					1.					
					2.					
6					1.					
					2.					
7					1.					
					2.					
8+					1.					
					2.					

FAMILY AND INDIVIDUAL GOALS

What goals are you and your family working towards? Who in your family has the goal? Please be DETAILED in your explanation. **Examples:** Homeownership, Business Start-Up / Expansion, Higher Education, Cultural Preservation, Community Building, Spiritual Development, Employment, increased involvement with children, etc)

Goal #1

Who has this goal

List steps to achieve this goal or interest:

Goal #2

Who has this goal

List steps to achieve this goal or interest:

Goal #3

Who has this goal

List steps to achieve this goal or interest:

INFORMAL EMPLOYMENT / BUSINESS – This information will be kept confidential!

Does anyone have a side business? (Ex. Landscaping, catering, arts& crafts, cosmetics or oils, etc.) If so, who and what. Please explain. How much income does this bring in?

HOUSING

Monthly Rent \$ _____ Mortgage \$ _____ **Please check all that apply to your living situation:**
Section 8 Housing - Yes No Public Housing - Yes No Subsidized Housing - Yes No Own a home or property - Yes No

KNOWLEDGE OF FII

What do you know about FII?

Why do you want to participate with FII?

Please Submit Nomination Form To:

Norka Avignon Petersen
Family Independence Initiative
Amherst H. Wilder Foundation
451 Lexington Parkway North
Saint Paul, MN 55104
651-280-2462
norka.petersen@wilder.org

FOR OFFICE USE ONLY: Date received _____ Good standing: yes no

Application Status: good fit _____ waitlist _____ not accepted _____ Orientation Date _____

Enrolled Date _____ Date referee rcvd nomination \$\$ _____ Date referee rcvd enrollment \$\$ _____