



Loaves, Fishes & Computers
 Application, Survey & Acceptance Agreement
 Serving Monterey, Santa Cruz & San Benito County

938 S. Main St
 Salinas CA 93901
 Tel: (831) 393-9260

www.loavesfishescomputers.org

I. Application Data				
First Name:	Last Name:	Primary Phone:		
Address:		City:	State:	Zip:
What Ethnicity do you primarily identify with? <input type="checkbox"/> African American/ Caribbean <input type="checkbox"/> Asian/ Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Other _____				
How did you find out about us? <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Facebook <input type="checkbox"/> Google <input type="checkbox"/> Craigslist <input type="checkbox"/> Fair or Festival <input type="checkbox"/> Online <input type="checkbox"/> Other _____				
Do you have internet service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like additional information on how you can get low-cost internet for \$9.95 - \$14.95 a month? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Functional computer at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	What would be the primary use of this computer? <input type="checkbox"/> Job Search <input type="checkbox"/> Education <input type="checkbox"/> Other: _____	

II. Qualifying Information	Family Information																
From the following list which ONE can you provide verification for? <input type="checkbox"/> Cal Works <input type="checkbox"/> Section 8 Housing <input type="checkbox"/> State Supplement Payment/ Cash Aid (SSP) <input type="checkbox"/> Social Security Disability (SSDI) <input type="checkbox"/> Electronic Benefit Transfer (EBT) <input type="checkbox"/> Medical/ Healthy Families <input type="checkbox"/> WIC <input type="checkbox"/> Financial Aid <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Lifeline Benefits or PG&E Care <input type="checkbox"/> Senior 65 or Older <input type="checkbox"/> Based upon the 2018 U.S Department of Housing guidelines (See chart on the right) for qualifying low-income households. <input type="checkbox"/> Is your child enrolled in his/ her school's free or reduced lunch program or in a school where 50% or more of its students are enrolled for free/ reduced Lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____	<div style="text-align: right; margin-bottom: 10px;"> <input style="width: 80px; height: 25px;" type="text"/> </div> Total number of family members in your Household, including yourself Number of family members 18 yrs or older in your household including yourself: _____ Number of minors in your household: _____																
	2018 Annual Very Low Income Limits Monterey County																
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Continue on Other Side

III. Terms and Conditions

By signing this agreement, I agree that I meet at least one of the qualifiers, stated in Section 2. "Qualifying Information", on the front page.

I will not sell or trade computer and accompanying equipment for the lifetime of the computer for any financial gain. If the computer system is no longer needed, I will return the computer system to Loaves, Fishes & Computers, Inc. at the address on the reverse side, or I will transfer to another qualifying person or family member.

I hereby give permission to Loaves, Fishes & Computers to use my first name, and first names of family members and photographic likeness in all forms and media for advertising, to use funders, and donors, to show LFC is helping our community.

Yes No

Please Note: Your computer purchase has a WARRANTY, please read your receipt for additional information or ask a sales person. Additional repair cost made outside LFC (while under warranty) will not be refunded.

Please be aware that the computer you are receiving is used, and therefore, it is highly advised to always backup your most important data to an external drive (thumb drive, CD, etc.). We are not liable for data loss due to failing equipment.

By accepting a computer system, I _____ have reviewed, understand and agree to the terms and conditions stated above.
 (Name)

Signature: _____ Date: _____

IV. Application Survey

1. How many children 17 years or younger will be using the computer? _____ Ages: _____
2. Why did come to LFC to buy a computer and not a large commercial store?

3. How do you think a computer will help you or your family?

4. May we contact you in 3 months to follow-up? Yes No
 Tell us your story! Or, simply use this area if there are any special circumstances or need you would like to share with us.

OFFICE USE ONLY

Transaction Made: <input type="checkbox"/> Cash <input type="checkbox"/> Credit		Three Month Survey	
Quantity	Product	Date Surveyed: _____	By Whom: _____
	<input type="checkbox"/> Chromebooks <input type="checkbox"/> Mid, Desktop <input type="checkbox"/> STD Desktop <input type="checkbox"/> Other: _____	Name, email address and phone added to database list: <input type="checkbox"/> Yes <input type="checkbox"/> No	