



Division of Family and  
Children Services



## Application for Benefits

Has anyone received any benefits in another county or state?

☒ Yes ☐ No

Where: Brooklyn, NY

When: \_\_\_\_\_

Is anyone pregnant? \*Please provide proof of pregnancy if available.

☐ Yes ☒ No

Due Date: \_\_\_\_\_

| Expense            | Amount | How Often? |
|--------------------|--------|------------|
| Rent/Mortgage      | 3800   | month      |
| Property Taxes     | /      | /          |
| Property Insurance | 150    | m          |
| Electricity        | 280    | month      |
| Gas                | /      | /          |
| Garbage            | 75     |            |
| Telephone          | 150    | m          |
| Other              |        |            |

First Name

Kevin

Middle Initial

Last Name

McAlister