



## Payroll/Living Allowance Enrollment

Name: \_\_\_\_\_ Date form completed: \_\_\_\_\_

Local Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 \_\_\_\_\_

\*Must be in the state you are serving

Exemptions: (circle one; refer to your W-4 form)

0    1    2    3    4    5    Other: \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ (check one)

Service Site Location: (please circle the location in which you will be serving)

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>• Apopka</li> <li>• Atlanta</li> <li>• Baltimore</li> <li>• Bend</li> <li>• Boston</li> <li>• Boulder</li> <li>• Chicago</li> <li>• Cincinnati</li> <li>• Cleveland</li> </ul> | <ul style="list-style-type: none"> <li>• Dayton</li> <li>• Hartford/New Haven</li> <li>• Los Angeles</li> <li>• New Orleans</li> <li>• New York City</li> <li>• Philadelphia</li> <li>• Phoenix</li> <li>• Rochester</li> <li>• San Diego</li> </ul> | <ul style="list-style-type: none"> <li>• San Francisco</li> <li>• Seattle</li> <li>• Washington DC</li> <li>• Watsonville</li> <li>• Wilmington</li> </ul> |
|---|--|--|

Other (Specify): \_\_\_\_\_