

SS#		Applicant		Spouse	Child	Foster Child	Guardian	Other		
Last Name:			First Name			MI	Alias:			
D.O.B.		Gender		Male	Female	Marital Status:				
Ethnicity	H= Hispanic/Latino	N= Non Hispanic/Latino	Race	B= Black	W= White	A= Asian	H= Hispanic	N= Native American	O= Other	
Mailing Address:			Family Type		Single Parent	2 Parent HH	2 Adults, no children	Other	Single	
Home Type	Own	Rent	Homeless	Other	Telephone: ()					
Street Address:				City:			State:	Zip:		
Health Insurance: Y N Type:				Education		A= 0-8	B= 9-12	C= HS Grad/GED	D= 12+ Some College	E= 2/4 Yr College Grad
Veteran	Yes	No	Spouse of Veteran		Yes	No	Food Stamps		Yes	No
Migrant Worker	Yes	No	Seasonal Worker		Yes	No	WIC		Yes	No

FAMILY MEMBERS

NAME (First and Last)	DOB	SS#	RELATIONSHIP TO APPLICANT	E	R	E	S	H	V	FS	W	F	D
				T <td>A <td>D <td>E <td>I <td>E <td> <td>I <td>A <td>I </td></td></td></td></td></td></td></td></td>	A <td>D <td>E <td>I <td>E <td> <td>I <td>A <td>I </td></td></td></td></td></td></td></td>	D <td>E <td>I <td>E <td> <td>I <td>A <td>I </td></td></td></td></td></td></td>	E <td>I <td>E <td> <td>I <td>A <td>I </td></td></td></td></td></td>	I <td>E <td> <td>I <td>A <td>I </td></td></td></td></td>	E <td> <td>I <td>A <td>I </td></td></td></td>	<td>I <td>A <td>I </td></td></td>	I <td>A <td>I </td></td>	A <td>I </td>	I
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APPLICANT													

INCOME (Include wages, self employment, SSD, SSI, TANF, TADA, Unemployment, Veteran's Benefits, Pension, Workman's Comp, Interest Dividends, Rental, Alimony, Support, Other, None)

Who Receives	Source	Amount
% of Poverty Guidelines:		TOTAL MONTHLY INCOME:

I certify to the best of my knowledge, all of the above information is correct.

Client Signature: _____

Date: _____

Worker Signature: _____

Office: _____

All information is confidential. No personal information may be released without the above client's permission. 10/13