

HOUSEHOLD INFORMATION (Please list everyone in the household. Use additional sheets if necessary)

| | Applicant | Spouse/Other Adult | Child 1 | Child 2 |
|------------------------------|-----------|--------------------|---------|---------|
| Name (First, MI, Last) | | | | |
| Social Security # | | | | |
| Birthdate | | | | |
| Hispanic Heritage: (Y/N) | | | | |
| Sex (M/F) | | | | |
| Marital Status | | | | |
| Relationship to Applicant | | | | |
| Race | | | | |
| Student (Y/N) | | | | |
| Education Level | | | | |
| School District | | | | |

Is anyone disabled? Yes No If yes, list who and type of disability: _____

Any maiden name or former names used: _____

Street Address: _____

Mailing Address: _____

City, State, ZIP: _____

Telephone: _____

Applicant
Signature _____
Date

Spouse/Other Adult
Signature _____
Date

Please complete the following income information.
 Further documentation or additional verifications may be required.

| DO YOU RECEIVE ANY OF THE FOLLOWING | YES | NO | PERSON(S) RECEIVING | GROSS AMOUNT PER MONTH |
|--|------------|-----------|----------------------------|-------------------------------|
| MFIP | | | | |
| MSA | | | | |
| General Assistance | | | | |
| Food Support | | | | |
| Medical Assistance | | | | |
| Child Support | | | | |
| Social Security | | | | |
| | | | | |
| SSI / RSDI | | | | |
| | | | | |
| Veterans Pension | | | | |
| | | | | |
| Other pension(s) | | | | |
| | | | | |
| Wages | | | | |
| Self-employment (farm/sales/etc.) | | | | |
| Tips or commission | | | | |
| Payment in kind (housing/food/etc.) | | | | |
| Unemployment Compensation | | | | |
| Workers= Compensation | | | | |
| Pensions and Annuities | | | | |
| Interest or dividends | | | | |
| Rental payments | | | | |
| Contract for deed payments | | | | |
| Other (explain) | | | | |