

HEAD OF HOUSEHOLD INFORMATION

_____/_____/_____
First Middle Last Social security number

Mailing address City Zip code

Physical address (if different from above) County Home phone number Mobile/cell phone

Birth Date: _____ **Gender:** Female Male

Household Type:

___ Single Parent Female ___ Single Parent Male ___ Two Parent Household
___ Single Person ___ Two Adults, no children ___ Other _____

Number of people in the home: _____

Education:

___ 0 to 8 ___ 9 to 12 ___ High School Grad ___ GED ___ 12+ Post Secondary
___ 2 or 4 year College Graduate

Disabled: yes no

Race:

___ White ___ American Indian/Alaska Native ___ Asian ___ Biracial/multi-racial
___ Black/African American ___ Other

Ethnicity:

___ Hispanic or Latino ___ Not Hispanic or Latino

Health Insurance:

___ None ___ Private Insurance ___ VA ___ Medicare ___ Medicaid ___ Other

Marital Status:

___ Divorced ___ Domestic Partner ___ Married ___ Separated ___ Single ___ Widowed

Veteran: yes no

Gross Income Per Month (head of household member):

Employment \$ _____ SSDI \$ _____ Other \$ _____
Unemployment \$ _____ TANF \$ _____ describe if other: _____
Social Security \$ _____ Pension \$ _____
SSI \$ _____ Child Support \$ _____

___ No Income

Food Stamps: yes no **If yes, amount:** \$ _____

Fuel Assistance: yes no

Housing Status:

___ Owner ___ Homeless with roof ___ Other _____
___ Renter ___ Homeless no roof

Rent/Mortgage Amount: \$ _____

Rental Assistance: yes no

Other Household Members

<u>First name</u> _____	<u>middle</u> _____	<u>last name</u> _____	<u>social security</u> _____	<u>relation to applicant</u> _____
<u>Birth date:</u> _____	<u>gender:</u> male female	<u>race:</u> _____	<u>ethnicity:</u> hispanic not hispanic	<u>veteran:</u> yes no
<u>disabled:</u> yes no <u>education level:</u> _____ <u>medical coverage:</u> none private VA medicare medicaid other				
<u>monthly income amount:</u> \$ _____ employment \$ _____ unemployment \$ _____ soc. sec. \$ _____ SSI \$ _____ TANF \$ _____ gen. assist. \$ _____ child support \$ _____ pension \$ _____ SSDI \$ _____ other				
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