





Head of Ho	ousehold Information				
Name				Birthdate	1 1
Physical				County	
Address				Phone #	
City,Zip				riione #	
Mailing				Type: □	cell □ work □ home
Address City,Zip				Other conta	act Name/Phone#:
Email					
Household	Туре				
	of people in household: Single Parent Female Single Parent Male Non-related Adults w/Children	□ 2 Adults, N □ Single Pers □ Other:		_	Two Parent HH Multi-Generational
Housing Ty	/pe				
	Single Family House Single-wide Mobile Home	☐ Apartment☐ Double-wid		Duplex ome	☐ Other
Housing St	atus - Please check all that appl	У			
_	Receive Rent Assistance Own/Buying	☐ HUD or Pul☐ Renting	olic Housinç	9	
Select all th	nat apply to any member of the h	nousehold:			
	60 or over ☐ Disabled ☐ Homeless ☐ Veteran/	d □ /Active Duty	Child 5 or y	ounger/	
Household	Income - Please check all tha	at apply			
_	Employment VA Disability - Service Unemployment Child Support Survivor Pension Family Support/Gifts	☐ Retirement f ☐ VA Disability ☐ Worker's Co ☐ TANF/AFDO ☐ Private Disa ☐ Military Retir	r - Non-Servionmpensationbility Insuran		SSI Pension/Retirement Alimony HUD Utility Check Earned Income Tax
Non-Cash	Benefits - Please check all that				
	SNAP (food stamps) WIC Childcare Voucher	☐ Head Start☐ Public Substitute☐ Housing Character		_	HUD-VASH Affordable Care Act Subsidy

			ı		Ethnicity Race								Highest Education									Employment Status							Other		
	Household Member Name Social Security Number	Date of Birth		Relationship to Head of Household	Marital Status	Hispanic or Latino	NOT Hispanic or Latino	Black/African American	White/Caucasian	Hispanic	Native American/Alaskan Native	Asian	Multiple Races	Other	Grade 0-8	Grade 9-12 (non-graduate)	High School Grad/GED	Some Post Secondary	2 or 4 Year Degree	Master's Degree or Above	Full-time	Part-time	Seasonal	Unemployed (less than 6 months)	Unemployed (more than 6 months)	Unemployed (not in the labor force)	Retired	Student	Disabled	Military Veteran or Active Duty	Insurance Type or None (ex. Employer Paid, Medicare, Private, CHIP, etc.)
Ex	John Smith 123-45-6789	9/10/53			le		X		X		_	,					X						G,				X		_	X	medicaid
1																															
2																															
3																															
4																															
5																															
6	If there		1.4.																												