

EACH HOUSEHOLD MEMBER, 18 YRS. OLD OR OLDER, MUST COMPLETE A SEPARATE COPY OF PAGES 2 & 3 AND SIGN PAGE 4.

Household Member SSN:

MARITAL STATUS: Single Married Divorced Separated Widowed Other (explain):

PART IV - CREDIT REFERENCES

Bank Name / Address		Checking Account No.	Savings Account No.
Driver's License No.	State:	Exp. Date:	Vehicle Make/Model: Year: Lic. Plate No.:
Have you ever filed for bankruptcy? If YES, please explain.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you or any member of the household ever been convicted of a felony? If YES, please explain.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Emergency Contact Name:	Emergency Contact Telephone No.:	Relationship:	

PART V - RECURRING INCOME

NOTE: This section must include all income that is currently received or that is expected to be received during the next twelve months.

Employed Full-Time Employed Part-Time Self-Employed Not Employed Unemployed

Current Employer: Position: How Long? Supervisor:

Employer's Address: Telephone No. Facsimile No.

Anticipated Wage Per Yr.	Avg. Hrs. Worked Per Wk.	Avg. Overtime Hrs. Per Wk.	Tips, bonuses, commissions, shift differentials
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OTHER INCOME: Do you receive the following:

Alimony or Child Support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anticipated amount per month? \$ _____
Unemployment Benefits?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anticipated amount per month? \$ _____
Workman's Compensation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anticipated amount per month? \$ _____
Public Assistance / AFDC / TANF?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anticipated amount per month? \$ _____
Soc.Security / SSI / Other payments from SSA?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anticipated amount per month? \$ _____
Veteran's Benefits?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anticipated amount per month? \$ _____
Severance / Retirement / Pensions / Annuities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anticipated amount per month? \$ _____
Regular Pay as an Armed Forces member?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anticipated amount per month? \$ _____
Regular payment from a settlement or inheritance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anticipated amount per month? \$ _____
Regular payment from Lottery winnings?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anticipated amount per month? \$ _____
Regular payment from a settlement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anticipated amount per month? \$ _____
Regular payment from real estate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anticipated amount per month? \$ _____
Self-Employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anticipated amount per month? \$ _____
Recurring Gifts from family and or others?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anticipated amount per month? \$ _____
Any other source not listed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anticipated amount per month? \$ _____

PART VI - PERSONAL ASSETS

NOTE: Necessary personal property, such as clothing, furniture, daily use of automobiles, jewelry, household appliances, etc. need not be disclosed.

Do you have the following:

Checking Account?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	6-Months Avg. Bal.?	\$ _____
Savings Account?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Account Balance?	\$ _____
Money Market Account, CDs, T-Bills, etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value?	\$ _____
Stocks / Bonds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value?	\$ _____
IRA, 401(k), Keogh?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value?	\$ _____
Trust Account?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value?	\$ _____
Real Estate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value?	\$ _____
Boat, Trailer, Recreational Vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value?	\$ _____
Life Insurance Policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value?	\$ _____
Cash At Home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value?	\$ _____
Personal Property Held As An Investment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value?	\$ _____
Other Assets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value?	\$ _____

Are the total of your assets more than \$5,000 ?

Yes No

Have you disposed of an asset for less than fair market value within the last 24 months?

Yes No

If NO to both of the above questions, what is the expected earnings from all of the household **assets** during the next 12 months?

\$ _____

PART VII - SECTION 8 - Rental Assistance

Do you receive Section 8 Assistance?

Yes No

Name of Caseworker:	Telephone No.:	Office:	Voucher Amt.:	Last Re-cert.:

PART VIII - ADDITIONAL INFORMATION

Do you have a foster children residing with you?

Yes No

Do you have a foster adults residing with you?

Yes No

Do you have a live-in attendant residing with you?

Yes No

Will any adult household member be moving during the next 12 months?

Yes No

Are you a full-time student?

Yes No

Will you become a full-time student during the next twelve (12) months?

Yes No

Have you been a full-time student during the current calendar year?

Yes No