

## INSTRUCTIONS

1. You must use a pen when answering the questions. **DO NOT** use a pencil.
2. This form is designed to be completed by you. You may have a friend or relative help you with this form, but **YOU** are responsible for the information provided on the form. If you need additional help completing this form, leave the items blank and a Worker will assist you.
3. You can authorize someone outside your household to apply for Food Stamps and/or use your Food Stamps for you. If you wish to designate such a person, please list the person you authorize on page 22.  
**NOTE: This person may or may not live with you.**
4. If you make a mistake, please draw a line through the mistake, and then write the correct answer. Initial the corrected answer.  

\$502.44 DM  
Income - ~~\$581.04~~

**For Example:**
5. "The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication or program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC, 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

## OFS -2 APPLICATION / REDETERMINATION

The application will be considered if it contains a minimum of the Name, Address, and Signature below. The amount of Food Stamp benefits will be determined from the date of application. The amount of cash assistance will be determined from the date eligibility requirements are met, including signing the Personal Responsibility Contract (PRC) and participating in orientation.

I understand that it is a criminal violation of federal and state law to provide false or misleading information for the purpose of receiving benefits to which I am not by law entitled.

I understand my responsibility to provide complete and truthful information.

Person Providing Information:

\_\_\_\_\_  
(First Name) (MI) (Last Name)

\_\_\_\_\_  
(Signature) (Date)

If you are not the person requesting assistance, do you live in the home with the applicant? ☐ YES ☐ NO

Applicant(s) Name if Different From Above:

\_\_\_\_\_  
(First Name) (MI) (Last Name)

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(First Name) (MI) (Last Name)

\_\_\_\_\_  
(Signature) (Date)

Address where applicant lives:

HOUSE NUMBER	STREET	CITY	STATE	ZIP CODE
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Mailing Address if different:

HOUSE NUMBER	STREET	CITY	STATE	ZIP CODE
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Telephone Number where the applicant can be reached: \_\_\_\_\_  
(Area Code) + (Phone Number)

Directions to the home (please be specific):


Name and address of a relative or friend to contact should it be necessary:

NAME	ADDRESS	RELATIONSHIP	TELEPHONE NUMBER
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## SECTION I BENEFIT INFORMATION

Are you a resident of West Virginia? ☐ YES ☐ NO  
Are you currently receiving benefits? ☐ YES ☐ NO  
If yes, from what State/County? \_\_\_\_\_  
If yes, what benefits? \_\_\_\_\_  
In whose name do you receive these benefits? \_\_\_\_\_

Have you received benefits in the past in West Virginia? ☐ YES ☐ NO  
If yes, what type and when? \_\_\_\_\_  
In whose name did you receive these benefits? \_\_\_\_\_  
Are you currently residing in a shelter for battered women? ☐ YES ☐ NO

Have you moved from another state? ☐ YES ☐ NO  
If yes, what State/County? \_\_\_\_\_ Date Moved: \_\_\_\_\_  
Were you receiving benefits from that state? ☐ YES ☐ NO  
If yes, what type and when? \_\_\_\_\_

\_\_\_\_\_ In whose name did you receive those benefits? \_\_\_\_\_

## SECTION II EXPEDITED SERVICES

You may qualify for expedited processing of your Food Stamp application. If eligible, this means that you will receive coupons no later than seven (7) days after the date you apply. Answers to the following questions will determine if you qualify for this service.

- A) Do you (the household) have \$100 or less in cash, savings, or checking? ☐ YES ☐ NO
- B) Household Monthly Gross Income (Before Taxes): \$ \_\_\_\_\_
- C) Monthly Utilities: \$ \_\_\_\_\_
- D) Monthly Rent/Mortgage: \$ \_\_\_\_\_
- E) Are you a migrant/seasonal farm worker? ☐ YES ☐ NO
- F) Has your source of income been terminated? ☐ YES ☐ NO
- G) Will you receive more than \$25 from a new source in the next 10 days? ☐ YES ☐ NO

## SECTION III HOUSEHOLD COMPOSITION

Complete a box for each person who lives in your home. Complete all information for each person. Begin with **YOURSELF** on Page 4. **If MORE THAN five (5) persons are in the home, extra sheets are available.**

**NOTE:** For Nursing Home or other specialized medical care, complete for **YOURSELF** and **YOUR SPOUSE** and **DEPENDENTS** in the home.

### Citizen/Alien/Age Declaration

I certify under penalty of perjury, by signing my name below, that I am a United States Citizen or alien in lawful immigration status. This declaration of citizenship or alien status is a condition of eligibility for WV WORKS, Medicaid, and Food Stamps. Any household member for whom citizenship is not declared is not eligible to receive benefits. However, his income and assets will be considered available to the remaining members of the household.

\_\_\_\_\_  
Name (month) / (day) / (year)

### III-A Applicant Information

Applicant's Legal Name: \_\_\_\_\_  
First Middle Last

Applicant's Social Security Number (SSN): \_\_\_\_\_

If you do not have a SSN, list the date you applied: \_\_\_\_\_

\_\_\_\_ (mo) / (day) / (yr)

Applicant's Birthdate: \_\_\_\_\_

\_\_\_\_ (mo) / (day) / (yr)

Are you known by any other name(s)?

☐ YES ☐ NO

If yes, list other name: \_\_\_\_\_

Marital Status (please check one):

☐ Single/Never Been Married ☐ Married  
☐ Divorced ☐ Separated  
☐ Widowed

If you are under age 18, have you been declared an adult?

☐ YES ☐ NO

United States Citizen?

☐ YES ☐ NO

If no, complete the following:

INS Number: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

U.S. Entry Date: \_\_\_\_\_

\_\_\_\_ (mo) / (day) / (yr)

Sponsor Name: \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_

Alien Status: \_\_\_\_\_

Alien Status Date: \_\_\_\_\_

\_\_\_\_ (mo) / (day) / (yr)

Do you speak English?

☐ YES ☐ NO

If no, what language do you speak? \_\_\_\_\_

Are you currently attending school?

☐ YES ☐ NO

If yes:

☐ Full-time ☐ Part-time

Name/Address of School: \_\_\_\_\_

Do you have a High School diploma or GED equivalent?

☐ YES ☐ NO

If no, last grade you completed:

☐ 12 ☐ 11 ☐ 10 ☐ 9 ☐ 8 ☐ 7 ☐ 6  
☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ K

Did you have any schooling after High School or GED?

☐ YES ☐ NO

If yes, do you hold any degrees, licenses or certificates?

☐ YES ☐ NO

Please specify: \_\_\_\_\_

Do you receive any of the following?

SSI	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, date began: _____	____ (mo) / (day) / (yr)
Foster Care	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, date began: _____	____ (mo) / (day) / (yr)
Adoption Assistance	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, date began: _____	____ (mo) / (day) / (yr)

Do you intend to reside in WV?

☐ YES ☐ NO

Are you under the control of the courts and work without pay?

☐ YES ☐ NO

If you are not a parent, are you acting as a parent to anyone under age 18?

☐ YES ☐ NO

### III-B Co-Applicant / Other Household Member

Legal Name: \_\_\_\_\_

First

Middle

Last

Applicant's Social Security Number (SSN): \_\_\_\_\_

/ /

If this person does not have a SSN, list the date this person applied:

(mo) / (day) / (yr)

Birthdate: \_\_\_\_\_

(mo) / (day) / (yr)

Relationship to Applicant: \_\_\_\_\_

Is this person known by any other name(s)?

☐ YES ☐ NO

If yes, list other name: \_\_\_\_\_

Does this person live with you?

☐ YES ☐ NO

If no, where does this person live? \_\_\_\_\_

Marital Status (please check one):

☐ Single/Never Been Married ☐ Married  
☐ Divorced ☐ Separated  
☐ Widowed

If you are under age 18, have you been declared an adult?

☐ YES ☐ NO

United States Citizen?

☐ YES ☐ NO

If no, complete the following:

INS Number: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

U.S. Entry Date: \_\_\_\_\_

(mo) / (day) / (yr)

Sponsor Name: \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_

Alien Status: \_\_\_\_\_

Alien Status Date: \_\_\_\_\_

(mo) / (day) / (yr)

Do you speak English?

☐ YES ☐ NO

If no, what language do you speak? \_\_\_\_\_

Are you currently attending school?

☐ YES ☐ NO

If yes:

☐ Full-time ☐ Part-time

Name/Address of School: \_\_\_\_\_

Do you have a High School diploma or GED equivalent?

☐ YES ☐ NO

If no, last grade you completed:

☐ 12 ☐ 11 ☐ 10 ☐ 9 ☐ 8 ☐ 7 ☐ 6  
☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ K

Did you have any schooling after High School or GED?

☐ YES ☐ NO

If yes, do you hold any degrees, licenses or certificates?

☐ YES ☐ NO

Please specify: \_\_\_\_\_

Do you receive any of the following?

SSI ☐ YES ☐ NO If YES, date began: (mo) / (day) / (yr)

Foster Care ☐ YES ☐ NO If YES, date began: (mo) / (day) / (yr)

Adoption Assistance ☐ YES ☐ NO If YES, date began: (mo) / (day) / (yr)

Do you intend to reside in WV?

☐ YES ☐ NO

Are you under the control of the courts and work without pay?

☐ YES ☐ NO

If you are not a parent, are you acting as a parent to anyone under age 18?

☐ YES ☐ NO

### III-B Other Household Member

Legal Name: \_\_\_\_\_

First

Middle

Last

Applicant's Social Security Number (SSN): \_\_\_\_\_

/ /

If this person does not have a SSN, list the date this person applied:

(mo) / (day) / (yr)

Birthdate:

(mo) / (day) / (yr)

Relationship to Applicant: \_\_\_\_\_

Is this person known by any other name(s)?

☐ YES ☐ NO

If yes, list other name: \_\_\_\_\_

Does this person live with you?

☐ YES ☐ NO

If no, where does this person live? \_\_\_\_\_

Marital Status (please check one):

☐ Single/Never Been Married ☐ Married  
☐ Divorced ☐ Separated  
☐ Widowed

If you are under age 18, have you been declared an adult?

☐ YES ☐ NO

United States Citizen?

☐ YES ☐ NO

If no, complete the following:

INS Number: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

U.S. Entry Date:

(mo) / (day) / (yr)

Sponsor Name: \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_

Alien Status: \_\_\_\_\_

Alien Status Date:

(mo) / (day) / (yr)

Do you speak English?

☐ YES ☐ NO

If no, what language do you speak? \_\_\_\_\_

Are you currently attending school?

☐ YES ☐ NO

If yes:

☐ Full-time ☐ Part-time

Name/Address of School: \_\_\_\_\_

Do you have a High School diploma or GED equivalent?

☐ YES ☐ NO

If no, last grade you completed:

☐ 12 ☐ 11 ☐ 10 ☐ 9 ☐ 8 ☐ 7 ☐ 6  
☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ K

Did you have any schooling after High School or GED?

☐ YES ☐ NO

If yes, do you hold any degrees, licenses or certificates?

☐ YES ☐ NO

Please specify: \_\_\_\_\_

Do you receive any of the following?

SSI ☐ YES ☐ NO If YES, date began: (mo) / (day) / (yr)

Foster Care ☐ YES ☐ NO If YES, date began: (mo) / (day) / (yr)

Adoption Assistance ☐ YES ☐ NO If YES, date began: (mo) / (day) / (yr)

Do you intend to reside in WV?

☐ YES ☐ NO

Are you under the control of the courts and work without pay?

☐ YES ☐ NO

If you are not a parent, are you acting as a parent to anyone under age 18?

☐ YES ☐ NO

### III-B Other Household Member

Legal Name:

First

Middle

Last

Applicant's Social Security Number (SSN):

/ /

If this person does not have a SSN, list the date this person applied:

(mo) / (day) / (yr)

Birthdate:

(mo) / (day) / (yr)

Relationship to Applicant:

Is this person known by any other name(s)?

☐ YES ☐ NO

If yes, list other name:

Does this person live with you?

☐ YES ☐ NO

If no, where does this person live?

Marital Status (please check one):

☐ Single/Never Been Married ☐ Married  
☐ Divorced ☐ Separated  
☐ Widowed

If you are under age 18, have you been declared an adult?

☐ YES ☐ NO

United States Citizen?

☐ YES ☐ NO

If no, complete the following:

INS Number:

Country of Citizenship:

U.S. Entry Date:

(mo) / (day) / (yr)

Sponsor Name:

Sponsor's Address:

Alien Status:

Alien Status Date:

(mo) / (day) / (yr)

Do you speak English?

☐ YES ☐ NO

If no, what language do you speak?

Are you currently attending school?

☐ YES ☐ NO

If yes:

☐ Full-time ☐ Part-time

Name/Address of School:

Do you have a High School diploma or GED equivalent?

☐ YES ☐ NO

If no, last grade you completed:

☐ 12 ☐ 11 ☐ 10 ☐ 9 ☐ 8 ☐ 7 ☐ 6  
☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ K

Did you have any schooling after High School or GED?

☐ YES ☐ NO

If yes, do you hold any degrees, licenses or certificates?

☐ YES ☐ NO

Please specify:

Do you receive any of the following?

SSI ☐ YES ☐ NO If YES, date began: (mo) / (day) / (yr)

Foster Care ☐ YES ☐ NO If YES, date began: (mo) / (day) / (yr)

Adoption Assistance ☐ YES ☐ NO If YES, date began: (mo) / (day) / (yr)

Do you intend to reside in WV?

☐ YES ☐ NO

Are you under the control of the courts and work without pay?

☐ YES ☐ NO

If you are not a parent, are you acting as a parent to anyone under age 18?

☐ YES ☐ NO

### III-B Other Household Member

Legal Name: \_\_\_\_\_

First

Middle

Last

Applicant's Social Security Number (SSN): \_\_\_\_\_

/ /

If this person does not have a SSN, list the date this person applied:

(mo) / (day) / (yr)

Birthdate:

(mo) / (day) / (yr)

Relationship to Applicant: \_\_\_\_\_

Is this person known by any other name(s)?

☐ YES ☐ NO

If yes, list other name: \_\_\_\_\_

Does this person live with you?

☐ YES ☐ NO

If no, where does this person live? \_\_\_\_\_

Marital Status (please check one):

☐ Single/Never Been Married ☐ Married  
☐ Divorced ☐ Separated  
☐ Widowed

If you are under age 18, have you been declared an adult?

☐ YES ☐ NO

United States Citizen?

☐ YES ☐ NO

If no, complete the following:

INS Number: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

U.S. Entry Date:

(mo) / (day) / (yr)

Sponsor Name: \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_

Alien Status: \_\_\_\_\_

Alien Status Date:

(mo) / (day) / (yr)

Do you speak English?

☐ YES ☐ NO

If no, what language do you speak? \_\_\_\_\_

Are you currently attending school?

☐ YES ☐ NO

If yes:

☐ Full-time ☐ Part-time

Name/Address of School: \_\_\_\_\_

Do you have a High School diploma or GED equivalent?

☐ YES ☐ NO

If no, last grade you completed:

☐ 12 ☐ 11 ☐ 10 ☐ 9 ☐ 8 ☐ 7 ☐ 6  
☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ K

Did you have any schooling after High School or GED?

☐ YES ☐ NO

If yes, do you hold any degrees, licenses or certificates?

☐ YES ☐ NO

Please specify: \_\_\_\_\_

Do you receive any of the following?

SSI

☐ YES ☐ NO

If YES, date began:

(mo) / (day) / (yr)

Foster Care

☐ YES ☐ NO

If YES, date began:

(mo) / (day) / (yr)

Adoption Assistance

☐ YES ☐ NO

If YES, date began:

(mo) / (day) / (yr)

Do you intend to reside in WV?

☐ YES ☐ NO

Are you under the control of the courts and work without pay?

☐ YES ☐ NO

If you are not a parent, are you acting as a parent to anyone under age 18?

☐ YES ☐ NO



### III-B Other Household Member

Legal Name:

First

Middle

Last

Applicant's Social Security Number (SSN):

/ /

If this person does not have a SSN, list the date this person applied:

(mo) / (day) / (yr)

Birthdate:

(mo) / (day) / (yr)

Relationship to Applicant:

Is this person known by any other name(s)?

☐ YES ☐ NO

If yes, list other name:

Does this person live with you?

☐ YES ☐ NO

If no, where does this person live?

Marital Status (please check one):

☐ Single/Never Been Married ☐ Married  
☐ Divorced ☐ Separated  
☐ Widowed

If you are under age 18, have you been declared an adult?

☐ YES ☐ NO

United States Citizen?

☐ YES ☐ NO

If no, complete the following:

INS Number:

Country of Citizenship:

U.S. Entry Date:

(mo) / (day) / (yr)

Sponsor Name:

Sponsor's Address:

Alien Status:

Alien Status Date:

(mo) / (day) / (yr)

Do you speak English?

☐ YES ☐ NO

If no, what language do you speak?

Are you currently attending school?

☐ YES ☐ NO

If yes:

☐ Full-time ☐ Part-time

Name/Address of School:

Do you have a High School diploma or GED equivalent?

☐ YES ☐ NO

If no, last grade you completed:

☐ 12 ☐ 11 ☐ 10 ☐ 9 ☐ 8 ☐ 7 ☐ 6  
☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ K

Did you have any schooling after High School or GED?

☐ YES ☐ NO

If yes, do you hold any degrees, licenses or certificates?

☐ YES ☐ NO

Please specify:

Do you receive any of the following?

SSI ☐ YES ☐ NO If YES, date began: (mo) / (day) / (yr)

Foster Care ☐ YES ☐ NO If YES, date began: (mo) / (day) / (yr)

Adoption Assistance ☐ YES ☐ NO If YES, date began: (mo) / (day) / (yr)

Do you intend to reside in WV?

☐ YES ☐ NO

Are you under the control of the courts and work without pay?

☐ YES ☐ NO

If you are not a parent, are you acting as a parent to anyone under age 18?

☐ YES ☐ NO

## SECTION IV BENEFIT QUESTIONS

Please check the box beside the benefit(s) you want to receive:

- |   |   |
|---|---|
| <input type="checkbox"/> WV WORKS (Cash Assistance)                           | <input type="checkbox"/> EA (Emergency Assistance)                  |
| <input type="checkbox"/> MEDICAID (MA/Medical Card)                           | <input type="checkbox"/> FS (Food Stamps)                           |
| <input type="checkbox"/> LIEAP (Low Income Energy Assistance, when available) | <input type="checkbox"/> CHIP (Children's Health Insurance Program) |
| <input type="checkbox"/> NEMT (Non-Emergency Medical Transportation)          |   |
| <input type="checkbox"/> TRIP (Transportation Remuneration Incentive Program) |   |

Have you or any member of your household had any unpaid medical expenses in any of the past three (3) months? ☐ YES ☐ NO

If yes, do you wish to have your Medical Card backdated to cover these expenses? ☐ YES ☐ NO  
Indicate Starting Date: \_\_\_\_\_ (mo) / (day) / (yr)

Is there anyone in your home who is not purchasing food and preparing meals with you? ☐ YES ☐ NO

If yes, who and why? \_\_\_\_\_

## SECTION V INDIVIDUAL QUESTIONS

Is anyone in your household pregnant? ☐ YES ☐ NO

If yes, who? \_\_\_\_\_

What is the date that the pregnancy was medically confirmed? \_\_\_\_\_ (mo) / (day) / (yr)

What is the pregnancy due date? \_\_\_\_\_ (mo) / (day) / (yr)

Is this person expecting more than one child? ☐ YES ☐ NO

If yes, how many? \_\_\_\_\_

Is any adult unable to work due to disability, blindness, or incapacity? ☐ YES ☐ NO

If yes, please list name: \_\_\_\_\_

Name

Reason

Date disability/blindness/incapacity began: \_\_\_\_\_ (mo) / (day) / (yr)

Has this person been Denied SSI/RSDI based on disability? ☐ YES ☐ NO

If yes, has an appeal been filed? ☐ YES ☐ NO

If so, when? \_\_\_\_\_ (mo) / (day) / (yr)

Status of appeal: \_\_\_\_\_

Is any child disabled or blind? ☐ YES ☐ NO

If so, please list name: \_\_\_\_\_

Name

Reason

Date disability/blindness/incapacity began: \_\_\_\_\_ (mo) / (day) / (yr)

Has this child been Denied SSI/RSDI based on disability? ☐ YES ☐ NO

Has this child been Denied SSI/RSDI based on parent=s income or assets? ☐ YES ☐ NO

Is this application for anyone who needs or is already receiving nursing home or other specialized medical care?

☐ YES ☐ NO

If yes, who?

Name

State/County of Residence (Prior to Admittance)

Date Admitted

Facility Name:

Facility Address:

Is this person still residing there?

☐ YES ☐ NO

Is this person expected to return home within six (6) months of date of admission:

☐ YES ☐ NO

Does he/she have a spouse living in the community?

☐ YES ☐ NO

If yes, spouse=s name/address:

Does the person living in the nursing home or specialized care facility provide money to the spouse living in the community?

☐ YES ☐ NO

If yes, how much?

\$

Is anyone in your household who was an SSI recipient in the past not receiving SSI now?

☐ YES ☐ NO

If anyone in your household is a child under the age of 13 months, was the child=s mother eligible for and receiving Medicaid at the time of the child=s birth?

☐ YES ☐ NO

Has the child always lived with its mother?

☐ YES ☐ NO

## SECTION VI HOUSEHOLD MEMBERS/LEGAL HISTORY

Read each statement carefully and answer YES or NO to **EACH** statement. If you answer **AYES@** to a question, then list the name of the household member(s) to whom the **AYES@** answer applies.

☐ YES

☐ NO

(1) Is any member(s) of your household violating their probation or parole?

Member(s):

☐ YES

☐ NO

(2) Is any member(s) of your household currently fleeing from law enforcement officials?

Member(s):

☐ YES

☐ NO

(3) Has any member(s) of your household been convicted of receiving Food Stamps because of lying or misrepresenting their identity (who they are) or their residence (where they live)?

Member(s):

- ☐ YES      ☐ NO      (4) Has anyone in your household been convicted on or after 8/23/96 of trafficking \$500 or more in Food Stamps?  
Member(s): \_\_\_\_\_  
\_\_\_\_\_
- ☐ YES      ☐ NO      (5) Has any member in your household been convicted of a felony offense which occurred on or after 8/23/96 and involved the possession, distribution, and/or use of a controlled substance?  
Member(s): \_\_\_\_\_  
\_\_\_\_\_
- ☐ YES      ☐ NO      (6) Has any member of your household been convicted in federal, state, or local court of exchanging Food Stamps for illegal drugs, firearms, ammunition, or explosives?  
Member(s): \_\_\_\_\_  
\_\_\_\_\_

## SECTION VII ASSETS:

The following page lists items that are considered assets.

**Read these carefully and check YES or NO.** NOTE - Your answer should be **YES** if:

- A. You or anyone living with you, including all children who live with you, have any of the assets listed below;
- B. Your name, or the name of anyone living in your home, is listed on any of the types of accounts listed below; and/or
- C. You or anyone living with you owns any of the assets listed below with someone who does not live in your home.

Beginning on the next page, if your answer is **YES**, supply the following information about the assets. If an asset is owned by more than one person, list all the owners and explain how the asset is divided. For example: Equally, One-Half, One-Third, etc.

**DO NOT COMPLETE SHADED AREAS**

ASSETS	YES	NO	OWNER=S NAME(S)	LOCATION	ACCOUNT NUMBER(S)	CURRENT VALUE	HOW DIVIDED
Savings Accounts							
Checking Accounts							
Money Market							
Credit Union							
Cash on Hand							
Christmas Club							
Stocks							
Bonds/Savings							
Certificates of							
Trust Funds							
IRA/Keogh							
Profit Sharing							
Escrow Account/ Home Sale							
Funeral/Burial Funds							
Burial Plots							
Livestock							
Business Equipment							
Property (Including Life Estates & Dower Rights)							
Homestead Property							
Non-Homestead							
Other Real Estate							
Mobile Home							
Farm/Tractor							
Mineral Rights							
Personal Collections							
Camper/Trailer							
ATV or 3-4 Wheeler							
Snowmobile							
Airplane							
Boat							
Other (Please list):							

Are any of the assets listed in the chart on the previous page not available to the owner? ☐ YES ☐ NO  
If yes, which assets and why? \_\_\_\_\_

Are any of the assets listed in the chart on the previous page set aside for burial? ☐ YES ☐ NO  
If yes, which assets? \_\_\_\_\_

Has anyone in your household received a lump sum payment in the last three (3) months? ☐ YES ☐ NO  
If yes, received from whom and for what reason? \_\_\_\_\_  
Date Received: \_\_\_\_\_ (mo) / (day) / (yr)  
Ongoing? ☐ YES ☐ NO  
Earned? ☐ YES ☐ NO  
Gross Amount: \$ \_\_\_\_\_  
Any Expenses involved? ☐ YES ☐ NO  
Type and Amount: \_\_\_\_\_

Has anyone transferred or divested (disposed of), sold, or given away property, income, or any other asset, including vehicles or life insurance or established a trust fund within the last five (5) years (60 months) ? ☐ YES ☐ NO  
If yes, name: \_\_\_\_\_  
Date of Transfer: \_\_\_\_\_ (mo) / (day) / (yr)  
Transferred to: \_\_\_\_\_  
Value of Asset: \$ \_\_\_\_\_  
Amount Received: \$ \_\_\_\_\_

### VEHICLES (Include ALL automobiles, motor homes, trucks, and/or motorcycles.)

Does anyone in your household own a vehicle or is anyone in the process of purchasing one? ☐ YES ☐ NO

If **yes**, complete the following section for each vehicle.  
If **no**, go to the next section titled LIFE INSURANCE.

Year/Make/Model of Vehicle: \_\_\_\_\_  
Name(s) on Vehicle Registration: \_\_\_\_\_  
Is this vehicle in your possession? ☐ YES ☐ NO  
Monthly Payment Amount: \$ \_\_\_\_\_  
Number of Payments left: \_\_\_\_\_  
Is it licensed? ☐ YES ☐ NO  
License Number: \_\_\_\_\_  
State in which it is licensed \_\_\_\_\_

Do you have the right to sell this vehicle without the agreement of any other parties who share ownership? ☐ YES ☐ NO

**VEHICLES (Include ALL automobiles, motor homes, trucks, and/or motorcycles.) continued**

Year/Make/Model of Vehicle: \_\_\_\_\_  
Name(s) on Vehicle Registration: \_\_\_\_\_  
Is this vehicle in your possession? ☐ YES ☐ NO  
Monthly Payment Amount: \$ \_\_\_\_\_  
Number of Payments left: \_\_\_\_\_  
Is it licensed? ☐ YES ☐ NO  
License Number: \_\_\_\_\_  
State in which it is licensed \_\_\_\_\_  
Do you have the right to sell this vehicle without the agreement of any other parties who share ownership? ☐ YES ☐ NO

---

Year/Make/Model of Vehicle: \_\_\_\_\_  
Name(s) on Vehicle Registration: \_\_\_\_\_  
Is this vehicle in your possession? ☐ YES ☐ NO  
Monthly Payment Amount: \$ \_\_\_\_\_  
Number of Payments left: \_\_\_\_\_  
Is it licensed? ☐ YES ☐ NO  
License Number: \_\_\_\_\_  
State in which it is licensed \_\_\_\_\_  
Do you have the right to sell this vehicle without the agreement of any other parties who share ownership? ☐ YES ☐ NO

---

Year/Make/Model of Vehicle: \_\_\_\_\_  
Name(s) on Vehicle Registration: \_\_\_\_\_  
Is this vehicle in your possession? ☐ YES ☐ NO  
Monthly Payment Amount: \$ \_\_\_\_\_  
Number of Payments left: \_\_\_\_\_  
Is it licensed? ☐ YES ☐ NO  
License Number: \_\_\_\_\_  
State in which it is licensed \_\_\_\_\_  
Do you have the right to sell this vehicle without the agreement of any other parties who share ownership? ☐ YES ☐ NO

---

Year/Make/Model of Vehicle: \_\_\_\_\_  
Name(s) on Vehicle Registration: \_\_\_\_\_  
Is this vehicle in your possession? ☐ YES ☐ NO  
Monthly Payment Amount: \$ \_\_\_\_\_  
Number of Payments left: \_\_\_\_\_  
Is it licensed? ☐ YES ☐ NO  
License Number: \_\_\_\_\_  
State in which it is licensed \_\_\_\_\_  
Do you have the right to sell this vehicle without the agreement of any other parties who share ownership? ☐ YES ☐ NO

## LIFE INSURANCE

Does anyone in your household have life insurance?

☐ YES ☐ NO

If **YES**, complete the following for each person who is insured.

If **NO**, go on to the next section.

Person Insured	Owner of Policy	Face Value Amount	Insurance Company	Date Policy Purchased
		\$		
Jointly Owned: <input type="checkbox"/> YES <input type="checkbox"/> NO	How Divided?	Cash Surrender Value	Policy Number	
		\$		

Person Insured	Owner of Policy	Face Value Amount	Insurance Company	Date Policy Purchased
		\$		
Jointly Owned: <input type="checkbox"/> YES <input type="checkbox"/> NO	How Divided?	Cash Surrender Value	Policy Number	
		\$		

Person Insured	Owner of Policy	Face Value Amount	Insurance Company	Date Policy Purchased
		\$		
Jointly Owned: <input type="checkbox"/> YES <input type="checkbox"/> NO	How Divided?	Cash Surrender Value	Policy Number	
		\$		

Person Insured	Owner of Policy	Face Value Amount	Insurance Company	Date Policy Purchased
		\$		
Jointly Owned: <input type="checkbox"/> YES <input type="checkbox"/> NO	How Divided?	Cash Surrender Value	Policy Number	
		\$		



## SECTION VIII EARNED INCOME ONLY

Is anyone in your household employed or self-employed?

☐ YES ☐ NO

If **YES**, complete the following for each person who is self-employed or employed.

If **NO**, go to the next section titled UNEMPLOYMENT HISTORY.

1) Name of person who is employed:

Job Title:

Employer's Name:

Employer's Address:

Employer's Telephone Number:

Employment Begin Date:

(mo)

/ (day)

/ (yr)

How Often Paid?

☐

Every 2 Weeks

☐

Once a Week

☐

Other (Specify):

☐

Twice a Month

☐

Once a Month

Number of Hours Worked each Pay Period:

Gross Payment Amount: **(For Pay Period As Stated At Right)**

\$

Are earning expected to stop:

☐

YES

☐

NO

Is so, when?

(mo)

/ (day)

/ (yr)

2) Name of person who is employed:

Job Title:

Employer's Name:

Employer's Address:

Employer's Telephone Number:

Employment Begin Date:

(mo)

/ (day)

/ (yr)

How Often Paid?

☐

Every 2 Weeks

☐

Once a Week

☐

Other (Specify):

☐

Twice a Month

☐

Once a Month

Number of Hours Worked each Pay Period:

Gross Payment Amount: **(For Pay Period As Stated At Right)**

\$

Are earning expected to stop:

☐

YES

☐

NO

Is so, when?

(mo)

/ (day)

/ (yr)

3) Name of person who is employed:

Job Title:

Employer's Name:

Employer's Address:

Employer's Telephone Number:

Employment Begin Date:

(mo)

/ (day)

/ (yr)

How Often Paid?

☐

Every 2 Weeks

☐

Once a Week

☐

Other (Specify):

☐

Twice a Month

☐

Once a Month

Number of Hours Worked each Pay Period:

Gross Payment Amount: **(For Pay Period As Stated At Right)**

\$

Are earning expected to stop:

☐

YES

☐

NO

Is so, when?

(mo)

/ (day)

/ (yr)

Has anyone in your household refused employment or training for employment? ☐ YES ☐ NO  
If yes, who? \_\_\_\_\_  
Reason for refusal: \_\_\_\_\_  
Date refused: \_\_\_\_\_ (mo) / (day) / (yr)

Has anyone in your household been fired, lost, or quit a job in the last sixty (60) days? ☐ YES ☐ NO  
If yes, who? \_\_\_\_\_  
Reason for firing, loss, or quitting: \_\_\_\_\_  
Date job lost: \_\_\_\_\_ (mo) / (day) / (yr)  
If yes, number of hours worked per week before loss: \_\_\_\_\_  
Wages earned per week before loss: \$ \_\_\_\_\_

Has anyone in your household voluntarily reduced work hours to less than 30 hours per week? ☐ YES ☐ NO  
If yes, who? \_\_\_\_\_  
Reason for reduction: \_\_\_\_\_  
If yes, number of hours worked per week before reduction: \_\_\_\_\_  
Wages earned per week before reduction: \$ \_\_\_\_\_

Is anyone in your household on strike? ☐ YES ☐ NO  
If yes, who? \_\_\_\_\_  
Date strike began: \_\_\_\_\_ (mo) / (day) / (yr)  
Monthly earnings prior to strike: \$ \_\_\_\_\_

If anyone in your household receives rental income, does someone in the household manage the property? ☐ YES ☐ NO  
If yes, who? \_\_\_\_\_  
If yes, how many hours per week are spent managing this property? \_\_\_\_\_  
Amount received per month: \$ \_\_\_\_\_

Is anyone in your household currently self-employed, (such as farming, babysitting, etc) or been self-employed within last 3 months? ☐ YES ☐ NO  
If yes, what type of employment? \_\_\_\_\_  
Does the person receive income regularly: ☐ YES ☐ NO  
How Often Paid? ☐ Every 2 Weeks ☐ Once a Week ☐ Other (Specify): \_\_\_\_\_  
☐ Twice a Month ☐ Once a Month

Is this income from a new business of less than one year? ☐ YES ☐ NO  
How long has this person had this business? \_\_\_\_\_  
Gross Monthly Payment Amount: (For Period of Operation) \$ \_\_\_\_\_

Are there expenses related to this employment? ☐ YES ☐ NO  
If yes, Type and Amount? \_\_\_\_\_  
\_\_\_\_\_

Is anyone in your household blind with work-related expenses? ☐ YES ☐ NO  
If yes, what type of expenses? \_\_\_\_\_  
Amount of Monthly expenses? \$ \_\_\_\_\_

Has anyone in your household received a lump sum payment in the last three (3) months? ☐ YES ☐ NO

If yes, received from whom and for what reason? \_\_\_\_\_

Date Received: \_\_\_\_\_

(mo)

/ (day)

/ (yr)

Ongoing? ☐ YES ☐ NO

Earned? ☐ YES ☐ NO

Gross Amount: \_\_\_\_\_

\$

Any Expenses Involved? \_\_\_\_\_

If yes, Type and Amount: \_\_\_\_\_

**CASE COMMENTS: (For Office Use Only – DO NOT WRITE IN THIS AREA)**

## SECTION IX      EMPLOYMENT HISTORY

Complete the following for your last four (4) places of employment. Begin with your most recent employment and work back. Include odd jobs.

**Applicant's Name:** \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Job Title/Occupation: \_\_\_\_\_

Reason No Longer Employed: \_\_\_\_\_

Length/Dates of Employment

From: (mo)    / (day)    / (yr)    To: (mo)    / (day)    / (yr)

Type of Employment:

☐ Part-Time

☐ Full-Time

☐ Temporary

Hourly Wage:

\$

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Job Title/Occupation: \_\_\_\_\_

Reason No Longer Employed: \_\_\_\_\_

Length/Dates of Employment

From: (mo)    / (day)    / (yr)    To: (mo)    / (day)    / (yr)

Type of Employment:

☐ Part-Time

☐ Full-Time

☐ Temporary

Hourly Wage:

\$

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Job Title/Occupation: \_\_\_\_\_

Reason No Longer Employed: \_\_\_\_\_

Length/Dates of Employment

From: (mo)    / (day)    / (yr)    To: (mo)    / (day)    / (yr)

Type of Employment:

☐ Part-Time

☐ Full-Time

☐ Temporary

Hourly Wage:

\$

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Job Title/Occupation: \_\_\_\_\_

Reason No Longer Employed: \_\_\_\_\_

Length/Dates of Employment

From: (mo)    / (day)    / (yr)    To: (mo)    / (day)    / (yr)

Type of Employment:

☐ Part-Time

☐ Full-Time

☐ Temporary

Hourly Wage:

\$

## EMPLOYMENT HISTORY continued

Complete the following for all other household members. List the most recent **two (2)** places of employment.

### Co-Applicant's Name:

Name of Employer:

Employer's Address:

Job Title/Occupation:

Reason No Longer Employed:

Length/Dates of Employment

From: (mo) / (day) / (yr) To: (mo) / (day) / (yr)

Type of Employment:

☐ Part-Time

☐ Full-Time

☐ Temporary

Hourly Wage:

\$

Name of Employer:

Employer's Address:

Job Title/Occupation:

Reason No Longer Employed:

Length/Dates of Employment

From: (mo) / (day) / (yr) To: (mo) / (day) / (yr)

Type of Employment:

☐ Part-Time

☐ Full-Time

☐ Temporary

Hourly Wage:

\$

### Other Household Member's

Name:

Name of Employer:

Employer's Address:

Job Title/Occupation:

Reason No Longer Employed:

Length/Dates of Employment

From: (mo) / (day) / (yr) To: (mo) / (day) / (yr)

Type of Employment:

☐ Part-Time

☐ Full-Time

☐ Temporary

Hourly Wage:

\$

Name of Employer:

Employer's Address:

Job Title/Occupation:

Reason No Longer Employed:

Length/Dates of Employment

From: (mo) / (day) / (yr) To: (mo) / (day) / (yr)

Type of Employment:

☐ Part-Time

☐ Full-Time

☐ Temporary

Hourly Wage:

\$

## SECTION X     UNEMPLOYMENT BENEFIT HISTORY

Has anyone in your household received Unemployment Benefits within the last 12 months?    ☐ YES    ☐ NO

If yes, list who received the benefits and when: \_\_\_\_\_

If no, please proceed to the next section titled Employment History.

NAME	RECEIVED	
	FROM	TO
1.		
2.		
3.		
4.		
5.		

Has anyone in your household refused Unemployment Benefits within the last 12 months    ☐ YES    ☐ NO  
or had Unemployment payments stopped before benefits ran out?

If yes, who refused the benefits and when: \_\_\_\_\_

NAME	REFUSED/STOPPED WHEN? (Month/Date/Year)
1.	
2.	
3.	
4.	
5.	

## SECTION XI UNEARNED INCOME

Please complete this section for EVERYONE who lives in your home. Check YES or NO and fill in the requested information. Does anyone in your household, including all children, receive any of the following income?

INCOME SOURCE	YES	NO	PERSON FOR WHOM INCOME IS RECEIVED	INCOME BEFORE DEDUCTIONS	HOW OFTEN RECEIVED	BEGIN DATE
Adoption Assistance						
Annuities/Payments						
Assistance from Another State						
Black Lung						
Charitable/Contribution from Other Sources						
Child Support						
Spousal Support (Alimony)						
Dividends						
Foster Care or Guardianship Payments						
Interest						
Military or Other Allotment						
Money from Other Person(s)						
Non-LIEAP Energy Assistance						
Payments from Sale of Property						
Railroad Retirement						
Supplement <input type="checkbox"/> Non-Hud Rent/Utility <input type="checkbox"/> Hud Rent/Utility						
Royalties (Gas, Oil, etc.)						
Sick/Disability Benefits						
Social Security						
Supplemental Security Income (SSI)						
Trust Fund Payments						
Unemployment Compensation						
United Mine Workers (UMW)						
Veterans Benefits <input type="checkbox"/> VA Compensation <input type="checkbox"/> VA Pension						
Workers' Compensation <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary						
Other Retirement/Pensions						
Other:						

## SECTION XII HIGHER EDUCATION

Does anyone in your household receive educational aid?

☐ YES ☐ NO

If yes, Student's Name: \_\_\_\_\_

Name of School: \_\_\_\_\_

Is this student receiving a grant, scholarship, or participating in a work study program?

☐ YES ☐ NO

If yes, Name of Grant, Scholarship or Work Study

Program: \_\_\_\_\_

Amount: \_\_\_\_\_

\$

Begin/End Date: \_\_\_\_\_

From: (mo)

/ (day)

/ (yr)

To: (mo)

/ (day)

/ (yr)

## SECTION XIII ROOM AND MEALS

Does anyone in your household RECEIVE MONEY for room and/or meals from another person?

☐ YES ☐ NO

Does individual pay for meals?

☐ YES ☐ NO

Number of meals per day: \_\_\_\_\_

Meals Payment Amount: \_\_\_\_\_

\$

Does individual pay for room?

☐ YES ☐ NO

Room Payment Amount: \_\_\_\_\_

\$

Does anyone in your household PAY ANYONE else for room and meals?

☐ YES ☐ NO

Room Payment Amount: \_\_\_\_\_

\$

Number of meals per day: \_\_\_\_\_

Meals Payment Amount: \_\_\_\_\_

\$

Does payment include heating?

☐ YES ☐ NO

Commercial Boarding Establishment?

☐ YES ☐ NO

## SECTION XIV SUPPORT PAYMENTS/FEES

Does anyone in your household pay anyone else to care for a dependent child or disabled/incapacitated adult so a household member can get to work or training/school or look for a job?

☐ YES ☐ NO

If yes, for whom? \_\_\_\_\_

If so, Care Provider' Name: \_\_\_\_\_

Provider' Address: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

\$

How Often Paid?

☐ Every 2 Weeks

☐ Once a Week

☐ Other (Specify): \_\_\_\_\_

☐ Twice a Month

☐ Once a Month

Does anyone in your household make any support payments to/for persons living in another household (child support/health insurance/medical cost, etc.)?

☐ YES ☐ NO

If yes, for whom? \_\_\_\_\_

If yes, who makes payment? \_\_\_\_\_

Is it court-ordered support?

☐ YES ☐ NO

Legal Obligation Amount: \_\_\_\_\_

\$

Actual Payment Amount: \_\_\_\_\_

\$



Does anyone in your household, or an institutionalized individual, pay or is required to pay guardian, committee, power of attorney, or attorney fees? ☐ YES ☐ NO

If yes, type of fee: \_\_\_\_\_

To whom paid? \_\_\_\_\_

For whom paid? \_\_\_\_\_

Amount: \_\_\_\_\_ \$

## SECTION XV MEDICAL EXPENSES

Does anyone in your household have any medical expenses (Food Stamps ONLY)? ☐ YES ☐ NO

1.	NAME: _____				
	<u>EXPENSE TYPE</u>	<u>BILLED AMOUNT</u>	<u>BILLED FOR/PAID</u>	<u>FREQUENCY</u>	<u>DATE OF SERVICE</u>
		\$			/ /
		\$			/ /
		\$			/ /
		\$			/ /
2.	NAME: _____				
	<u>EXPENSE TYPE</u>	<u>BILLED AMOUNT</u>	<u>BILLED FOR/PAID</u>	<u>FREQUENCY</u>	<u>DATE OF SERVICE</u>
		\$			/ /
		\$			/ /
		\$			/ /
		\$			/ /

## SECTION XVI MEDICAL/HEALTH INSURANCE/REIMBURSEMENTS

Does anyone in your household have health insurance coverage? ☐ YES ☐ NO

Names of persons covered: \_\_\_\_\_

Who carries the insurance policy? \_\_\_\_\_

Relationship to Owner: \_\_\_\_\_

Insurance Provider's Name: \_\_\_\_\_

Insurance Provider's Address: \_\_\_\_\_

Group Name: \_\_\_\_\_

Premium Amount \_\_\_\_\_ \$

How often paid? \_\_\_\_\_

Policy Begin/End Date: From: (mo) / (day) / (yr) To: (mo) / (day) / (yr)

Has anyone in your household voluntarily stopped health insurance for a child within the last six (6) month? ☐ YES ☐ NO

If yes, for whom? \_\_\_\_\_

How much was paid for the insurance that stopped? \_\_\_\_\_ \$

Is there anyone in the household who will not cooperate with obtaining medical support coverage?

☐ YES ☐ NO

If yes, who? \_\_\_\_\_

1) Is anyone in the household entitled to or enrolled in Medicare Part A or Part B?

☐ YES ☐ NO

If yes, who? \_\_\_\_\_

Enrolled in Part A?

☐ YES ☐ NO

If yes, begin/end date:

From: (mo) / (day) / (yr) To: (mo) / (day) / (yr)

Premium Amount:

\$ \_\_\_\_\_

Enrolled in Part B?

☐ YES ☐ NO

If yes, begin/end date:

From: (mo) / (day) / (yr) To: (mo) / (day) / (yr)

Premium Amount:

\$ \_\_\_\_\_

Medicaid Claim Number: \_\_\_\_\_

Railroad Retirement:

☐ YES ☐ NO

2) Is anyone else in the household entitled to or enrolled in Medicare Part A or Part B?

☐ YES ☐ NO

If yes, who? \_\_\_\_\_

Enrolled in Part A?

☐ YES ☐ NO

If yes, begin/end date:

From: (mo) / (day) / (yr) To: (mo) / (day) / (yr)

Premium Amount:

\$ \_\_\_\_\_

Enrolled in Part B?

☐ YES ☐ NO

If yes, begin/end date:

From: (mo) / (day) / (yr) To: (mo) / (day) / (yr)

Premium Amount:

\$ \_\_\_\_\_

Medicaid Claim Number: \_\_\_\_\_

Railroad Retirement:

☐ YES ☐ NO

Has anyone in your household been involved in an accident with a financial/insurance settlement pending?

☐ YES ☐ NO

Does anyone in your household seek payment or reimbursement for travel expenses related to Medicaid?

☐ YES ☐ NO

Travel Date:

To: (mo) / (day) / (yr)

Provider: \_\_\_\_\_

Reason for Travel: \_\_\_\_\_

Expenses:

\$ \_\_\_\_\_

Who Was Transported? \_\_\_\_\_

## SECTION XVII SHELTER EXPENSES

Does anyone in your household have shelter costs or does an institutionalized individual who intends to return home have shelter costs for maintaining a home or apartment? ☐ YES ☐ NO

Fill in all the information about the following expenses: DO NOT COMPLETE SHADED AREAS.

EXPENSE	PERSON=S NAME THE BILL IS IN	PERSON=S NAME WHO PAYS THE BILL	MONTHLY AMOUNT	CUSTOMER ACCOUNT NUMBER	TO WHOM PAID
Mortgage			\$		
Property Tax			\$		
Rent			\$		
Lot Rent			\$		
Structure			\$		
Special			\$		
Mobile Home			\$		
Land Contract			\$		
Repair Costs			\$		
Gas (Natural)			\$		
Propane Tank			\$		
LP Gas			\$		
Fuel			\$		
Coal			\$		
Electricity			\$		
Water			\$		
Sewer			\$		
Wood/Wood			\$		
Telephone			\$		
Trash Removal			\$		
Other:			\$		

Does anyone who is NOT in your household pay any of the expenses listed in the chart above?

☐ YES ☐ NO

If yes, what expense? \_\_\_\_\_

How much is paid? \_\_\_\_\_

\$ \_\_\_\_\_

Who pays the expense(s)? \_\_\_\_\_

Did anyone who is NOT in your household give you money to pay these bills?

☐ YES ☐ NO

1) If yes, how much? \_\_\_\_\_

\$ \_\_\_\_\_

Who gives you the money? \_\_\_\_\_

2) If yes, how much? \_\_\_\_\_

\$ \_\_\_\_\_

Who gives you the money? \_\_\_\_\_

## SECTION XVIII STANDARD UTILITY ALLOWANCE/LIEAP

Do you pay to heat your home?

☐ YES ☐ NO

Do you pay to cool/air condition your home?

☐ YES ☐ NO

Are your home heating and/or cooling expenses included in your rent?

☐ YES ☐ NO

If yes, which expense? \_\_\_\_\_

What is your main fuel source of heating and/or cooling?

☐ YES ☐ NO

Do you share your home's utility costs with anyone else?

☐ YES ☐ NO

If yes, who? \_\_\_\_\_

Do you or have you ever received Low Income Energy Assistance Payments (LIEAP)?

☐ YES ☐ NO

If yes, when? \_\_\_\_\_

To: (mo) / (day) / (yr)

Does your household request regular LIEAP Assistance?

☐ YES ☐ NO

Does your household request emergency LIEAP Assistance?

☐ YES ☐ NO

Does your household elect to use the Standard Utility Allowance?

☐ YES ☐ NO

Does your household currently receive or will it receive a HUD Utility Allowance?

☐ YES ☐ NO

If yes, does the HUD Utility Allowance exceed utility expenses?

☐ YES ☐ NO

## SECTION XIX EMERGENCY ASSISTANCE

Is there an emergency in your family that you need help with?

☐ YES ☐ NO

If yes, what is the emergency? \_\_\_\_\_

Type(s) of Assistance Required: \_\_\_\_\_

## SECTION XX NON-CUSTODIAL PARENT INFORMATION

Are there children in this household who have a parent not who does not live with them?

☐ YES ☐ NO

If yes, complete the chart on the following page:

CHILD'S NAME	NON-CUSTODIAL PARENT'S	ADDRESS	MARRIAGE DATE	ABSENCE DATE
	NAME:		/ /	/ /
	SSN:		(mo/day/year	(mo/day/year
	NAME:		/ /	/ /
	SSN:		(mo/day/year	(mo/day/year
	NAME:		/ /	/ /
	SSN:		(mo/day/year	(mo/day/year
	NAME:		/ /	/ /
	SSN:		(mo/day/year	(mo/day/year
	NAME:		/ /	/ /
	SSN:		(mo/day/year	(mo/day/year

Good Cause Claimed for not cooperating with Child Support Enforcement? ☐ YES ☐ NO

Non-Custodial Parent's Place of Employment: \_\_\_\_\_

Non-Custodial Parent's Wages: \_\_\_\_\_

\$

Is the Non-Custodial Parent(s) Court Ordered to provide medical support?

☐ YES ☐ NO

## SECTION XXI LEGAL GUARDIAN/PROTECTIVE PAYEE/AUTHORIZED REPRESENTATIVE

Does anyone in your household have a legal guardian, power of attorney (POA), or committee?

☐ YES ☐ NO

If yes, complete the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Does your household have a protective payee (substitute):

☐ YES ☐ NO

If yes, name of protective payee? \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Does your household have an authorized representative?

☐ YES ☐ NO

If yes, name of authorized representative? \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## SECTION XXII MILITARY SERVICE RECORD

Is or has anyone in your household been in the Military?

☐ YES ☐ NO

If yes, complete the chart on the following page.

If no, please go to the next section titled Potential Resources.

Name: _____	Serial Number: _____
Branch: _____	Service Disability: <input type="checkbox"/> YES <input type="checkbox"/> NO
Date of Service: From: ____ / ____ / ____ To: ____ / ____ / ____	

Name: _____	Serial Number: _____
Branch: _____	Service Disability: <input type="checkbox"/> YES <input type="checkbox"/> NO
Date of Service: From: ____ / ____ / ____ To: ____ / ____ / ____	

## SECTION XXIII POTENTIAL RESOURCES

Do you or anyone who lives in your household expect to receive any benefits or income, such as, but not limited to Social Security Benefits, Wages from Employment, Unemployment Benefits, Child Support or Insurance Settlements that you are not now receiving?

☐ YES ☐ NO

- 1) If yes, Who? \_\_\_\_\_  
Type: \_\_\_\_\_  
Expected Date of Receipt: \_\_\_\_\_ To: (mo) / (day) / (yr)
- 2) If yes, Who? \_\_\_\_\_  
Type: \_\_\_\_\_  
Expected Date of Receipt: \_\_\_\_\_ To: (mo) / (day) / (yr)

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Worker's Signature Date  
(Worker Who Interviewed Client)

\_\_\_\_\_  
Co-Applicant's Signature Date

\_\_\_\_\_  
Worker's Signature Date  
(Worker Who Interviewed Client)

CASE COMMENTS: *(For Office Use Only - DO NOT WRITE IN THIS AREA.)*