Client Number Ag	ency					Application Date	
Go	illia Me	eigsCommur	rity Actio	on Aa	ency		
Primary Applicant First Na	ıme M	i. S		· ·	Last Nan	10	
Social Security Number	D:	ate of Birth	rgijakoj bijogijoj	Section Control Control	Gender		
//	-	_//	-	i	□ Female	o □ Other	
Household Informati					□ Male		
Household Size	Family Ty			<u>Buildin</u>			
		Parent/Female			le Home		
Housing Status		Parent/Male			e Family	······································	
□ Own		rent Household				w rise (3 stories or less)	
□ Rent	☐ Single F	≃erson ults/No Children		⊔ Wuti-	tamily nig	gh rise (3 stories or more)	
☐ Other Permanent		ated Adults with					
Housing			i				
☐ Homeless	☐ Other	nerational House	enola				
☐ Other	Li Other						
Customer Address			n kapangan kanangan sa				
Current Service Address			Apartment	/Lot/Uni	t Floor		
				n en i			ular y marin
Current Mailing Address (if d	imerent iroi	m above)	Apartment	/LOVU11	r-iooi		
City S	State		Zip Code			County	
Phone Number			Email Addr	ress			
Preferred method of contact							
	Very vicini shows a consideration						
I Primary Δnolicant □)emograpi	nic Information			er i sa tu en s	enganie and design of the	10.2
Primary Applicant D	(* 1 ° 100 ° 100 ° 100 ° 100 ° 100 ° 100 ° 100 ° 100 ° 100 ° 100 ° 100 ° 100 ° 100 ° 100 ° 100 ° 100 ° 100 ° 1	Control of the Contro	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Education	on	
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Ethnicity □ Hispanic, Latino or Spanis	Ra sh □	a ce American Indiar	n/Alaskan N	lative	☐ Grade	0-8	
Ethnicity □ Hispanic, Latino or Spanis □ Origins	Rash 🗆	ace American Indiar Asian		lative	☐ Grade	e 0-8 es 9-12/Non-Graduate	18.8
Ethnicity □ Hispanic, Latino or Spanis □ Origins □ Not Hispanic, Latino or Sp	Rash □ canish □	ace American Indiar Asian Black/African Ar	merican	_	☐ Grade ☐ Grade ☐ High S	e 0-8 es 9-12/Non-Graduate School Grad/GED	tion
Ethnicity □ Hispanic, Latino or Spanis □ Origins	Rash 🗆	ace American Indiar Asian Black/African Ar Native Hawaiiar	merican	_	☐ Grade ☐ Grade ☐ High S ☐ 12+ S	e 0-8 es 9-12/Non-Graduate School Grad/GED ome Post-Secondary Educa	ition
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Ethnicity □ Hispanic, Latino or Spanis □ Origins □ Not Hispanic, Latino or Sp	Rash 🗆 panish 🗆	American Indiar American Indiar Asian Black/African Ar Native Hawaiiar Islander Other	merican n/Other Pac	_	☐ Grade ☐ Grade ☐ High S ☐ 12+ S ☐ 2 or 4 ☐ Gradu	e 0-8 es 9-12/Non-Graduate School Grad/GED ome Post-Secondary Educa Year College Graduate uate or other post-secondary	
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Ethnicity ☐ Hispanic, Latino or Spanis ☐ Origins ☐ Not Hispanic, Latino or Sp Origins Is Client Disabled? ☐ Yes ☐ No Work Status	Rash Canalish Canalis	American Indian Asian Black/African Ar Native Hawaiian Islander Other Unknown/Not-re White Ilitary Status Veteran Active Military	merican n/Other Pac eported	_	☐ Grade ☐ Grade ☐ High S ☐ 12+ S ☐ 2 or 4 ☐ Gradu school Is Client ☐ Yes ☐ No Non-Cas	e 0-8 es 9-12/Non-Graduate School Grad/GED ome Post-Secondary Educa Year College Graduate late or other post-secondary a US Citizen?	
Ethnicity ☐ Hispanic, Latino or Spanis ☐ Origins ☐ Not Hispanic, Latino or Sp Origins Is Client Disabled? ☐ Yes ☐ No Work Status ☐ Employed full-time	Rash	American Indiar Asian Black/African Ar Native Hawaiiar Islander Other Unknown/Not-re White Ilitary Status Veteran Active Military Medicaid	merican n/Other Pac eported	_	☐ Grade ☐ Grade ☐ High S ☐ 12+ S ☐ 2 or 4 ☐ Gradu school Is Client ☐ Yes ☐ No Non-Cas	e 0-8 es 9-12/Non-Graduate School Grad/GED ome Post-Secondary Educa Year College Graduate uate or other post-secondary l a US Citizen?	
Ethnicity ☐ Hispanic, Latino or Spanis ☐ Origins ☐ Not Hispanic, Latino or Sp Origins Is Client Disabled? ☐ Yes ☐ No Work Status ☐ Employed full-time ☐ Employed part-time	Rash	American Indiar Asian Black/African Ar Native Hawaiiar Islander Other Unknown/Not-re White Ilitary Status Veteran Active Military Medicaid Medicare	merican n/Other Pac eported Type	sific	☐ Grade ☐ Grade ☐ High S ☐ 12+ S ☐ 2 or 4 ☐ Gradu school Is Client ☐ Yes ☐ No Non-Cas ☐ Afford ☐ Childd	e 0-8 es 9-12/Non-Graduate School Grad/GED ome Post-Secondary Educa Year College Graduate uate or other post-secondary a US Citizen? sh Benefits care Voucher	
Ethnicity ☐ Hispanic, Latino or Spanis ☐ Origins ☐ Not Hispanic, Latino or Sp Origins Is Client Disabled? ☐ Yes ☐ No Work Status ☐ Employed full-time ☐ Employed part-time ☐ Migrant Seasonal Farm W	Rash	American Indiar Asian Black/African Ar Native Hawaiiar Islander Other Unknown/Not-re White Ilitary Status Veteran Active Military Palth Insurance Medicaid Medicare Private/Employr	merican n/Other Pac eported Type ment Based	sific	☐ Grade ☐ Grade ☐ High S ☐ 12+ S ☐ 2 or 4 ☐ Gradu school Is Client ☐ Yes ☐ No Non-Cas ☐ Afford ☐ Childd	e 0-8 es 9-12/Non-Graduate School Grad/GED ome Post-Secondary Educa Year College Graduate uate or other post-secondary a US Citizen? sh Benefits able Care Act Subsidy care Voucher ng Choice Voucher	
Ethnicity ☐ Hispanic, Latino or Spanis ☐ Origins ☐ Not Hispanic, Latino or Sp Origins Is Client Disabled? ☐ Yes ☐ No Work Status ☐ Employed full-time ☐ Employed part-time ☐ Migrant Seasonal Farm W ☐ Unemployed (short-term, to	sh	American Indiar Asian Black/African Ar Native Hawaiiar Islander Other Unknown/Not-re White Ilitary Status Veteran Active Military Medicaid Medicare	merican n/Other Pace eported Type ment Based	sific	☐ Grade ☐ Grade ☐ High S ☐ 12+ S ☐ 2 or 4 ☐ Gradu school Is Client ☐ Yes ☐ No Non-Cas ☐ Afford ☐ Housi	e 0-8 es 9-12/Non-Graduate School Grad/GED ome Post-Secondary Educa Year College Graduate uate or other post-secondary a US Citizen? sh Benefits able Care Act Subsidy care Voucher ng Choice Voucher VASH	
Ethnicity ☐ Hispanic, Latino or Spanis ☐ Origins ☐ Not Hispanic, Latino or Sp Origins Is Client Disabled? ☐ Yes ☐ No Work Status ☐ Employed full-time ☐ Employed part-time ☐ Migrant Seasonal Farm W ☐ Unemployed (short-term, 0 ☐ months or less)	sh	American Indiar Asian Black/African Ar Native Hawaiiar Islander Other Unknown/Not-re White Ilitary Status Veteran Active Military ealth Insurance Medicaid Medicare Private/Employr Self-Insured/Dir	merican n/Other Pac eported Type ment Based ect Pay	sific	☐ Grade ☐ Grade ☐ High S ☐ 12+ S ☐ 2 or 4 ☐ Gradu school Is Client ☐ Yes ☐ No Non-Cas ☐ Afford ☐ Housi ☐ HUD-' ☐ Other	e 0-8 es 9-12/Non-Graduate School Grad/GED ome Post-Secondary Educa Year College Graduate late or other post-secondary a US Citizen? sh Benefits lable Care Act Subsidy care Voucher ng Choice Voucher VASH	
Ethnicity ☐ Hispanic, Latino or Spanis ☐ Origins ☐ Not Hispanic, Latino or Sp Origins Is Client Disabled? ☐ Yes ☐ No Work Status ☐ Employed full-time ☐ Employed part-time ☐ Migrant Seasonal Farm W ☐ Unemployed (short-term, or months or less) ☐ Unemployed (long-term, or months) ☐ Unemployed (long-term, or months)	sh	American Indiar Asian Black/African Ar Native Hawaiiar Islander Other Unknown/Not-re White Ilitary Status Veteran Active Military ealth Insurance Medicaid Medicare Private/Employr Self-Insured/Dir None State Children's	merican n/Other Pac eported Type ment Based ect Pay	sific	☐ Grade ☐ Grade ☐ High S ☐ 12+ S ☐ 2 or 4 ☐ Gradu school Is Client ☐ Yes ☐ No Non-Cas ☐ Housi ☐ Housi ☐ HUD- ☐ Other ☐ Perma	e 0-8 es 9-12/Non-Graduate School Grad/GED ome Post-Secondary Educa Year College Graduate uate or other post-secondary a US Citizen? sh Benefits able Care Act Subsidy care Voucher ng Choice Voucher VASH	
Ethnicity ☐ Hispanic, Latino or Spanis ☐ Origins ☐ Not Hispanic, Latino or Sp Origins ☐ Client Disabled? ☐ Yes ☐ No Work Status ☐ Employed full-time ☐ Employed part-time ☐ Migrant Seasonal Farm W ☐ Unemployed (short-term, if months or less) ☐ Unemployed (long-term, in than 6 months)	oanish	American Indian Asian Black/African Ar Native Hawaiian Islander Other Unknown/Not-re White Ilitary Status Veteran Active Military ealth Insurance Medicaid Medicare Private/Employr Self-Insured/Dir None	merican n/Other Pace eported Type ment Based ect Pay Health Ins	sific	☐ Grade ☐ Grade ☐ High S ☐ 12+ S ☐ 2 or 4 ☐ Gradu school Is Client ☐ Yes ☐ No Non-Cas ☐ Housi ☐ Housi ☐ HUD- ☐ Other ☐ Perma	e 0-8 es 9-12/Non-Graduate School Grad/GED ome Post-Secondary Educa Year College Graduate late or other post-secondary l ea US Citizen? sh Benefits lable Care Act Subsidy care Voucher ng Choice Voucher VASH anent Supportive Housing c Housing	
Ethnicity ☐ Hispanic, Latino or Spanis ☐ Origins ☐ Not Hispanic, Latino or Sp Origins ☐ Section Disabled? ☐ Yes ☐ No ☐ Work Status ☐ Employed full-time ☐ Employed part-time ☐ Migrant Seasonal Farm W ☐ Unemployed (short-term, is months or less) ☐ Unemployed (long-term, is than 6 months) ☐ Unemployed (not in labor)	oanish	American Indiar Asian Black/African Ar Native Hawaiiar Islander Other Unknown/Not-re White Ilitary Status Veteran Active Military Medicaid Medicare Private/Employr Self-Insured/Dir None State Children's Program	merican n/Other Pace eported Type ment Based ect Pay Health Ins	sific	☐ Grade ☐ Grade ☐ High S ☐ 12+ S ☐ 2 or 4 ☐ Gradu school Is Client ☐ Yes ☐ No Non-Cas ☐ Housi ☐ Housi ☐ HUD-' ☐ Other ☐ Perma ☐ Public	e 0-8 es 9-12/Non-Graduate School Grad/GED ome Post-Secondary Educa Year College Graduate late or other post-secondary l ea US Citizen? sh Benefits lable Care Act Subsidy care Voucher ng Choice Voucher VASH anent Supportive Housing c Housing	
Ethnicity ☐ Hispanic, Latino or Spanis ☐ Origins ☐ Not Hispanic, Latino or Sp Origins ☐ Selient Disabled? ☐ Yes ☐ No Work Status ☐ Employed full-time ☐ Employed part-time ☐ Migrant Seasonal Farm W ☐ Unemployed (short-term, or months or less) ☐ Unemployed (long-term, or than 6 months) ☐ Unemployed (not in labor) ☐ Retired	oanish	American Indiar Asian Black/African Ar Native Hawaiiar Islander Other Unknown/Not-re White Ilitary Status Veteran Active Military Medicaid Medicare Private/Employr Self-Insured/Dir None State Children's Program	merican n/Other Pace eported Type ment Based ect Pay Health Ins	sific	☐ Grade ☐ Grade ☐ High S ☐ 12+ S ☐ 2 or 4 ☐ Gradu school Is Client ☐ Yes ☐ No Non-Cas ☐ Housi ☐ Housi ☐ HUD- ☐ Other ☐ Perma ☐ Public ☐ SNAP	e 0-8 es 9-12/Non-Graduate School Grad/GED ome Post-Secondary Educa Year College Graduate late or other post-secondary l ea US Citizen? sh Benefits lable Care Act Subsidy care Voucher ng Choice Voucher VASH anent Supportive Housing c Housing	
Ethnicity ☐ Hispanic, Latino or Spanis ☐ Origins ☐ Not Hispanic, Latino or Sp Origins ☐ Section Disabled? ☐ Yes ☐ No ☐ Work Status ☐ Employed full-time ☐ Employed part-time ☐ Migrant Seasonal Farm W ☐ Unemployed (short-term, is months or less) ☐ Unemployed (long-term, is than 6 months) ☐ Unemployed (not in labor)	oanish	American Indiar Asian Black/African Ar Native Hawaiiar Islander Other Unknown/Not-re White Ilitary Status Veteran Active Military Medicaid Medicare Private/Employr Self-Insured/Dir None State Children's Program	merican n/Other Pace eported Type ment Based ect Pay Health Ins	sific	☐ Grade ☐ Grade ☐ High S ☐ 12+ S ☐ 2 or 4 ☐ Gradu school Is Client ☐ Yes ☐ No Non-Cas ☐ Housi ☐ Housi ☐ HUD- ☐ Other ☐ Perma ☐ Public ☐ SNAP	e 0-8 es 9-12/Non-Graduate School Grad/GED ome Post-Secondary Educa Year College Graduate late or other post-secondary l ea US Citizen? sh Benefits lable Care Act Subsidy care Voucher ng Choice Voucher VASH anent Supportive Housing c Housing	

Audilional Household Men		
First Name	M.I.	Last Name
Social Security Number	Date of Birth	Gender
		☐ Female ☐ Other
		□ Male
Ethnicity	Race	Education
☐ Hispanic, Latino or Spanish Origins	☐ American Indian/Alaskan Native	☐ Grade 0-8
☐ Not Hispanic, Latino or Spanish	□ Asian	☐ Grades 9-12/Non-Graduate
Origins	☐ Black/African American	☐ High School Grad/GED
	☐ Native Hawaiian/Other Pacific	☐ 12+ Some Post-Secondary Education
	islander	☐ 2 or 4 Year College Graduate
	Other	☐ Grad or other post-secondary school
	☐ Unknown/Not-reported ☐ White	
is Client Disabled?	Military Status	ls Client a US Citizen?
☐ Yes	☐ Veteran	Ses
□ No	☐ Active Military	□ No
Work Status	Health Insurance Type	Non-Cash Benefits
☐ Employed full-time	☐ Medicaid	☐ Affordable Care Act Subsidy
☐ Employed part-time	☐ Medicare	☐ Childcare Voucher
☐ Migrant Seasonal Farm Worker	☐ Private/Employment Based	☐ Housing Choice Voucher
Unemployed (short-term, 6 months)	☐ Self-Insured/Direct Pay	☐ HUD-VASH
or less)	☐ None	☐ Other
Unemployed (long-term, more than	☐ State Children's Health Insurance	☐ Permanent Supportive Housing
6 months)	Program	☐ Public Housing
☐ Unemployed (not in labor force)	☐ State Health Insurance for Adults	□ SNAP
☐ Retired ☐ Unknown/not reported		□ WIC
☐ Youth ages 14-24 who are neither		
working nor in school		
First Name	M.I.	Last Name
	Luk	Laor Name
Social Security Number	Date of Birth	Gender
'	'	□ Female □ Other □ Male
		L Male
	Race	Education
	☐ American Indian/Alaskan Native	☐ Grade 0-8
□ Not Hispanic, Latino or Spanish	☐ Asian	☐ Grades 9-12/Non-Graduate
Origins	☐ Black/African American	☐ High School Grad/GED
	☐ Native Hawaiian/Other Pacific	☐ 12+ Some Post-Secondary Education
		☐ 2 or 4 Year College Graduate
	☐ Other ☐ Unknown/Not-reported	☐ Grad or other post-secondary school
	☐ White	
		L-CU-4-UCCU2
□ Yes		Is Client a US Citizen?
□ res □ No		□ Yes □ No
A SECURE OF THE	Market 1997 No. 10 Co.	West of the Property of the Pr
		Non-Cash Benefits
		☐ Affordable Care Act Subsidy
. , , ,	1	☐ Childcare Voucher
		□ Housing Choice Voucher □ HUD-VASH
	· • • • • • • • • • • • • • • • • • • •	☐ Other
☐ Unemployed (long-term, more than 6		☐ Permanent Supportive Housing
months)		
	Program	LI Public Housing
☐ Unemployed (not in labor force)		□ Public Housing □ SNAP
☐ Unemployed (not in labor force)☐ Retired	☐ State Health Insurance for Adults	
☐ Unemployed (not in labor force)☐ Retired☐ Unknown/not reported	☐ State Health Insurance for Adults	□ SNAP
☐ Unemployed (not in labor force)☐ Retired	☐ State Health Insurance for Adults	□ SNAP

Additional Household Mei	The state of the s	and the second s
First Name	M.L.	Last Name
Social Security Number	Date of Birth	Gender
		☐ Female ☐ Other ☐ Male
Ethnicity	Race	Education
☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish ☐ Origins	☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ Other	☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education ☐ 2 or 4 Year College Graduate ☐ Grad or other post-secondary school
	Unknown/Not-reported	
's Client Disabled?	☐ White Military Status	
□ Yes	Willitary Status ☐ Veteran	ls Client a US Citizen?
□ No	☐ Active Military	☐ Yes
Work Status	Health Insurance Type	□ No
☐ Employed full-time		Non-Cash Benefits
☐ Employed full-time ☐ Employed part-time ☐ Migrant Seasonal Farm Worker ☐ Unemployed (short-term, 6 months or less) ☐ Unemployed (long-term, more than 6 months) ☐ Unemployed (not in labor force) ☐ Retired ☐ Unknown/not reported ☐ Youth ages 14-24 who are neither working nor in school First Name Social Security Number// ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins ☐ Origins	Date of Birth	☐ Affordable Care Act Subsidy ☐ Childcare Voucher ☐ Housing Choice Voucher ☐ HUD-VASH ☐ Other ☐ Permanent Supportive Housing ☐ Public Housing ☐ SNAP ☐ WIC Last Name Gender ☐ Female ☐ Other ☐ Male Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education ☐ 2 or 4 Year College Graduate ☐ Grad or other post-secondary school
Client Disabled?	MANAGEMENT CONTROL OF THE STATE	A Client at the City
⊟ Yes		Is Client a US Citizen? ☐ Yes
□ No		□ Yes
Work Status		Non-Cash Benefits
□ Employed full-time		<u> Andreas and Angles a</u>
☐ Employed part-time ☐ Migrant Seasonal Farm Worker ☐ Unemployed (short-term, 6 months	 □ Medicare □ Private/Employment Based □ Self-Insured/Direct Pay □ None □ State Children's Health Insurance Program □ State Health Insurance for Adults 	☐ Affordable Care Act Subsidy ☐ Childcare Voucher ☐ Housing Choice Voucher ☐ HUD-VASH ☐ Other ☐ Permanent Supportive Housing ☐ Public Housing ☐ SNAP ☐ WIC

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Additional Household Mer	nbers	
First Name	M.I.	Last Name
		Edot (daile)
Social Security Number	Date of Birth	Gender
/		☐ Female ☐ Other
Ethnicity	Race	□ Male
☐ Hispanic, Latino or Spanish Origins	☐ American Indian/Alaskan Native	Education ☐ Grade 0-8
☐ Not Hispanic, Latino or Spanish	☐ Asian	☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate
Origins	☐ Black/African American	☐ High School Grad/GED
	□ Native Hawaiian/Other Pacific	☐ 12+ Some Post-Secondary Education
	Islander	2 or 4 Year College Graduate
	☐ Other ☐ Unknown/Not-reported	☐ Grad or other post-secondary school
	☐ White	
is Cilent Disabled?	Military Status	Is Client a US Citizen?
☐ Yes	□ Veteran	☐ Yes
□ No Work Status	☐ Active Military:	□ No
☐ Employed full-time	Health Insurance Type	Non-Cash Benefits
☐ Employed full-time ☐ Employed part-time	☐ Medicaid ☐ Medicare	☐ Affordable Care Act Subsidy
☐ Migrant Seasonal Farm Worker	☐ Private/Employment Based	☐ Childcare Voucher☐ Housing Choice Voucher
☐ Unemployed (short-term, 6 months	☐ Self-Insured/Direct Pay	□ Housing Choice Voucher □ HUD-VASH
or less)	☐ None	☐ Other
Unemployed (long-term, more than	☐ State Children's Health Insurance	☐ Permanent Supportive Housing
─ 6 months)☐ Unemployed (not in labor force)	Program Cli State Health Insurance for Adults	☐ Public Housing
☐ Retired	☐ State Health Insurance for Adults	□ SNAP □ WIC
☐ Unknown/not reported		
☐ Youth ages 14-24 who are neither		
Marking har in echaal		
working nor in school		
First Name	M.I.	Last Name
First Name		
First Name Social Security Number	Date of Birth	Gender
First Name	Date of Birth	Gender ☐ Female ☐ Other
First Name Social Security Number //	Date of Birth	Gender □ Female □ Other □ Male
First Name Social Security Number / Ethnicity	Date of Birth// Race	Gender □ Female □ Other □ Male Education
Social Security Number // Ethnicity □ Hispanic, Latino or Spanish Origins □ Not Hispanic, Latino or Spanish	Date of Birth// Race	Gender ☐ Female ☐ Other ☐ Male Education ☐ Grade 0-8
Social Security Number Ethnicity Hispanic, Latino or Spanish Origins	Date of Birth// Race □ American Indian/Alaskan Native □ Asian □ Black/African American	Gender □ Female □ Other □ Male Education
Social Security Number // Ethnicity □ Hispanic, Latino or Spanish Origins □ Not Hispanic, Latino or Spanish	Date of Birth // Race □ American Indian/Alaskan Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific	Gender ☐ Female ☐ Other ☐ Male Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education
Social Security Number // Ethnicity □ Hispanic, Latino or Spanish Origins □ Not Hispanic, Latino or Spanish	Date of Birth // Race □ American Indian/Alaskan Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander	Gender ☐ Female ☐ Other ☐ Male Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education ☐ 2 or 4 Year College Graduate
Social Security Number // Ethnicity □ Hispanic, Latino or Spanish Origins □ Not Hispanic, Latino or Spanish	Date of Birth // Race □ American Indian/Alaskan Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander □ Other	Gender ☐ Female ☐ Other ☐ Male Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education
Social Security Number // Ethnicity □ Hispanic, Latino or Spanish Origins □ Not Hispanic, Latino or Spanish	Date of Birth // Race □ American Indian/Alaskan Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander	Gender ☐ Female ☐ Other ☐ Male Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education ☐ 2 or 4 Year College Graduate
Social Security Number // Ethnicity Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins	Date of Birth // Race □ American Indian/Alaskan Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander □ Other □ Unknown/Not-reported □ White	Gender ☐ Female ☐ Other ☐ Male Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education ☐ 2 or 4 Year College Graduate ☐ Grad or other post-secondary school
Social Security Number / Ethnicity Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Client Disabled?	Date of Birth // Race □ American Indian/Alaskan Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander □ Other □ Unknown/Not-reported □ White Military Status	Gender ☐ Female ☐ Other ☐ Male Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education ☐ 2 or 4 Year College Graduate
Social Security Number	Date of Birth // Race □ American Indian/Alaskan Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander □ Other □ Unknown/Not-reported □ White Military Status □ Active Military	Gender ☐ Female ☐ Other ☐ Male Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education ☐ 2 or 4 Year College Graduate ☐ Grad or other post-secondary school Is Client a US Citizen? ☐ Yes ☐ No
Social Security Number // Ethnicity Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Client Disabled? Yes No Nork Status	Date of Birth // Race □ American Indian/Alaskan Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander □ Other □ Unknown/Not-reported □ White Military Status □ Veteran □ Active Military Health Insurance Type	Gender ☐ Female ☐ Other ☐ Male Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education ☐ 2 or 4 Year College Graduate ☐ Grad or other post-secondary school Is Client a US Citizen? ☐ Yes ☐ No Non-Cash Benefits
Social Security Number // Ethnicity Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Client Disabled? Yes No Work Status Employed full-time	Date of Birth // Race □ American Indian/Alaskan Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander □ Other □ Unknown/Not-reported □ White Military Status □ Veteran □ Active Military Health Insurance Type □ Medicaid	Gender ☐ Female ☐ Other ☐ Male Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education ☐ 2 or 4 Year College Graduate ☐ Grad or other post-secondary school Is Client a US Citizen? ☐ Yes ☐ No Non-Cash Benefits ☐ Affordable Care Act Subsidy
Social Security Number / Ethnicity Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Client Disabled? Yes No Nork Status Employed full-time Employed part-time	Date of Birth // Race □ American Indian/Alaskan Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander □ Other □ Unknown/Not-reported □ White Military Status □ Veteran □ Active Military Health Insurance Type □ Medicaid □ Medicare	Gender ☐ Female ☐ Other ☐ Male Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education ☐ 2 or 4 Year College Graduate ☐ Grad or other post-secondary school Is Client a US Citizen? ☐ Yes ☐ No Non-Cash Benefits ☐ Affordable Care Act Subsidy ☐ Childcare Voucher
Social Security Number	Date of Birth // Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White Military Status Veteran Active Military Health Insurance Type Medicare Private/Employment Based	Gender ☐ Female ☐ Other ☐ Male Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education ☐ 2 or 4 Year College Graduate ☐ Grad or other post-secondary school Is Client a US Citizen? ☐ Yes ☐ No Non-Cash Benefits ☐ Affordable Care Act Subsidy ☐ Childcare Voucher ☐ Housing Choice Voucher
Social Security Number	Date of Birth // Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White Military Status Veteran Active Military Health Insurance Type Medicaid Medicare Private/Employment Based Self-Insured/Direct Pay None	Gender ☐ Female ☐ Other ☐ Male Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education ☐ 2 or 4 Year College Graduate ☐ Grad or other post-secondary school Is Client a US Citizen? ☐ Yes ☐ No Non-Cash Benefits ☐ Affordable Care Act Subsidy ☐ Childcare Voucher ☐ Housing Choice Voucher
Social Security Number / Ethnicity Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Origins Client Disabled? Yes No Work Status Employed full-time Employed part-time Migrant Seasonal Farm Worker Unemployed (short-term, 6 months or less) Unemployed (long-term, more than 6	Date of Birth // Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White Military Status Veteran Active Military Health Insurance Type Medicaid Medicaid Private/Employment Based Self-Insured/Direct Pay None State Children's Health Insurance	Gender ☐ Female ☐ Other ☐ Male Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education ☐ 2 or 4 Year College Graduate ☐ Grad or other post-secondary school Is Client a US Citizen? ☐ Yes ☐ No Non-Cash Benefits ☐ Affordable Care Act Subsidy ☐ Childcare Voucher ☐ Housing Choice Voucher ☐ HUD-VASH ☐ Other ☐ Permanent Supportive Housing
Social Security Number	Date of Birth // Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White Military Status Veteran Active Military Health Insurance Type Medicaid Medicare Private/Employment Based Self-Insured/Direct Pay None State Children's Health Insurance Program	Gender ☐ Female ☐ Other ☐ Male Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education ☐ 2 or 4 Year College Graduate ☐ Grad or other post-secondary school Is Client a US Citizen? ☐ Yes ☐ No Non-Cash Benefits ☐ Affordable Care Act Subsidy ☐ Childcare Voucher ☐ Housing Choice Voucher ☐ HUD-VASH ☐ Other ☐ Permanent Supportive Housing ☐ Public Housing
Social Security Number	Date of Birth //	Gender ☐ Female ☐ Other ☐ Male Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education ☐ 2 or 4 Year College Graduate ☐ Grad or other post-secondary school Is Client a US Citizen? ☐ Yes ☐ No Non-Cash Benefits ☐ Affordable Care Act Subsidy ☐ Childcare Voucher ☐ Housing Choice Voucher ☐ HUD-VASH ☐ Other ☐ Permanent Supportive Housing ☐ Public Housing ☐ SNAP
Social Security Number	Date of Birth //	Gender ☐ Female ☐ Other ☐ Male Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education ☐ 2 or 4 Year College Graduate ☐ Grad or other post-secondary school Is Client a US Citizen? ☐ Yes ☐ No Non-Cash Benefits ☐ Affordable Care Act Subsidy ☐ Childcare Voucher ☐ Housing Choice Voucher ☐ HUD-VASH ☐ Other ☐ Permanent Supportive Housing ☐ Public Housing
Social Security Number	Date of Birth //	Gender ☐ Female ☐ Other ☐ Male Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education ☐ 2 or 4 Year College Graduate ☐ Grad or other post-secondary school Is Client a US Citizen? ☐ Yes ☐ No Non-Cash Benefits ☐ Affordable Care Act Subsidy ☐ Childcare Voucher ☐ Housing Choice Voucher ☐ HUD-VASH ☐ Other ☐ Permanent Supportive Housing ☐ Public Housing ☐ SNAP

Countable li	ncome Information					
		al Amount Rece		Period Received (30, 90 or 365 days)		
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	\$					
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	\$					
income Category		le de la companya de	requency	Tota	l Amount	
Fixed Countable Income	Supplemental Security Income (SSI) (See E-2.3) Social Security Disability Insurance (SSDI) (See E-2. Social Security Retirement (SS) (See E-2.3) Pension (examples are government, military and priv Widow/Widower's benefit Alimony Black Lung pension	.3) [C /ate) [C	Weekly Bi-weekly Monthly Yearly			
Earned Countable Income	Wages (salary, tips, commission, bonuses, etc.) Active Military Pay		Weekly Bi-weekly Monthly Yearly	, \$		
Other Earned Countable Income	Seasonal Employment Self-employment		I Weekly I Bi-weekly I Monthly I Yearly	\$		
Supplemental Countable Income	Unemployment Utility Assistance Workers' Compensation Ohio Works First Temporary Assistance for Needy Families (TANF) Employment Disability Payouts Strike Benefit		l Weekly I Bi-weekly I Monthly I Yearly	\$		
Other Countable Income	Cash withdraws from: Individual Retirement Accounts Other investments Lump sum payout from: Estate & Trust settlements, E settlements, insurance payout, lottery winnings Interest Income	□ Divorce □	l Weekly l Bi-weekly l Monthly l Yearly			
None				\$		
Total				\$		
Deductions				T T		
_	Deductible Income		Frequenc		Total	
Health Insurance Pren			rrequenc	<u>, y</u>	i Utai	
Short and Long-Term Prescription Plans Health Care Spending Medicaid Spend Down Medicare Premiums	Disability Premiums Accounts		Weekly Bi-weekly Monthly Yearly	\$	·	
Child Support paid-out Attorney fees for estate	e or trust settlements allowable business expenses					
	ome (Countable Income – Deductions)			\$		
- · · · · · · · · · · · · · · · · · · ·	fedian Income (AMI)			۵۵		

Excluded income		
Excluded Income	Frequency	Total Amount
Agent Orange Pension Veterans affairs, serviceconnected_disability Handicapped income (i.e. work programs for the blind or disabled) Title V wages (i.e. senior employment programs) Volunteers in Service to America Stipend (VISTA) Work allowances (work requirement to receive OWF assistance) Income earned by dependent minors Tax refunds/rebates Education assistance (grants stipends for tuition/books) Stipends for foster care Military allowances for subsistence Ohio waiver program (Medicaid benefit for caregiver) Prevention retention and contingency (i.e. emergency services, rental asst.) transportation allowances (WIOA) Proceeds from reverse mortgage FEMA, cash payments Title III Disaster relief emergency assistance	□ Weekly □ Bi-weekly □ Monthly □ Yearly	\$
Expenses		
Expense Type	Total Monthly Exp	ense amount
Food Shelter	\$	
Child Care	\$ \$	
Transportation	\$	
Utilities	\$	
Total	\$	
certify that this statement is true and correct to the best of my knowledge, and I authoriz nformation necessary for verification purposes.	ze the release of any	y or all
Applicant Signature: Date:		
Approved by Date:		