



Other than applicant or applicant's spouse are there any parents with children living in your home?  Yes  No

If yes please provide name(s) of parent and child(ren): \_\_\_\_\_

Are there any other names used by anyone in the home(i.e. maiden, aliases)?  Yes  No

If yes please provide household member(s) name(s): \_\_\_\_\_

Does anyone in the home attend school?  Yes  No

If yes please provide household member(s) name and school attending: \_\_\_\_\_

Is anyone in the household being sought by law enforcement:  Yes  No

If yes please provide household member(s) name(s): \_\_\_\_\_

Has anyone been convicted of:  Yes  No

- Fraudulently receiving food assistance, TANF, medical, or Supplemental Security Income(SSA)
- Buying or selling food assistance benefits
- Trading food assistance benefits

If yes please provide household member(s) name(s) and date of conviction(s): \_\_\_\_\_

Does anyone in the home own any vehicles(i.e. car, truck boats, campers, motorcycles, etc.)  Yes  No

If yes please provide:

Owner	Year	Make/Model	Amount Owed	Value	Leased

Other than the house you live in, are there any building, land or other homes owned by anyone living in your household?  Yes  No

Owner	Location	Amount Owed	Value	Type	
				Rental	Own

Does anyone in your household, including children, have any of the following assets or receive income that is not from a job?

*Cash, Checking Account, Savings Account, Credit Union Account, Stocks, Bonds, Certificates of Deposit, Life Insurance, Trust Fund, Money Market Fund, Deferred Compensation Plan, Burial Funds, Contract for Deed, IRA, 401K, Child Support, Alimony, Social Security, SSI State Supplement, Unemployment, Worker's Compensation, Veteran's Benefits, Retirement Plan, Pensions, Annuities, Dividends, Rental Income, Prizes, Money from Family or Friends, or any other sources income.*

If you can answer yes to any of these types of income not from a job please explain below:

Name	Type of Asset	Financial Institution	A/C Number	Balance	Source of Income	Gross Amount Per Month Received

Please use the space below to provide any other information related to assets available to you:

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Household expenses:

Expenses	Provider of Services	Payment	Per Week(W), Month(M), Year(Y)
Rent/Mortgage			
Property Tax			
Insurance/ Home/ Auto/Etc.			
Telephone			
Water			
Sewer			
Cable/TV			
Day Care			
Child Support			
Medical Expenses			
Other: describe expense			

Please briefly describe the nature of your current difficulty and why you are making this request:

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I understand that the information on this form is subject to verification by Federal, state, and local officials to determine that it is correct and complete. If any information is found to be incorrect, I may be responsible for repaying any benefits that I may receive. I declare and affirm, under penalties of perjury, that this application has been examined by me and to the best of my knowledge and belief, is true and correct. I understand that I may be subject to criminal prosecution for knowingly providing false or misleading information herein.

Signature of Applicant:

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