



**List All Household Member Information:  
Attach documentation of custody for minor children, if applicable**

1. \_\_\_\_\_

Last Name	First Name	Middle Initial	Social Security Number	Date of Birth	Sex (M/F)	Disabled (Yes or No)
Relationship to Head of Household			Place of Birth		Full Time Student (Yes or No)	
Name and Address of School:						
<input type="checkbox"/>	White					
<input type="checkbox"/>	Black/African American					
<input type="checkbox"/>	American Indian/Alaska Native					
<input type="checkbox"/>	Asian					
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander					
<input type="checkbox"/>	Hispanic or Latino					
<input type="checkbox"/>	Not Hispanic or Latino					

2. \_\_\_\_\_

Last Name	First Name	Middle Initial	Social Security Number	Date of Birth	Sex (M/F)	Disabled (Yes or No)
Relationship to Head of Household			Place of Birth		Full Time Student (Yes or No)	
Name and Address of School:						
<input type="checkbox"/>	White					
<input type="checkbox"/>	Black/African American					
<input type="checkbox"/>	American Indian/Alaska Native					
<input type="checkbox"/>	Asian					
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander					
<input type="checkbox"/>	Hispanic or Latino					
<input type="checkbox"/>	Not Hispanic or Latino					

3. \_\_\_\_\_

Last Name	First Name	Middle Initial	Social Security Number	Date of Birth	Sex (M/F)	Disabled (Yes or No)
Relationship to Head of Household			Place of Birth		Full Time Student (Yes or No)	
Name and Address of School:						
<input type="checkbox"/>	White					
<input type="checkbox"/>	Black/African American					
<input type="checkbox"/>	American Indian/Alaska Native					
<input type="checkbox"/>	Asian					
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander					
<input type="checkbox"/>	Hispanic or Latino					
<input type="checkbox"/>	Not Hispanic or Latino					

**List All Household Member Information:  
Attach documentation of custody for minor children, if applicable**

4. \_\_\_\_\_

Last Name	First Name	Middle Initial	Social Security Number	Date of Birth	Sex (M/F)	Disabled (Yes or No)
Relationship to Head of Household			Place of Birth		Full Time Student (Yes or No)	
					Name and Address of School:	
<input type="checkbox"/>	White					
<input type="checkbox"/>	Black/African American					
<input type="checkbox"/>	American Indian/Alaska Native					
<input type="checkbox"/>	Asian					
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander					
<input type="checkbox"/>	Hispanic or Latino					
<input type="checkbox"/>	Not Hispanic or Latino					

5. \_\_\_\_\_

Last Name	First Name	Middle Initial	Social Security Number	Date of Birth	Sex (M/F)	Disabled (Yes or No)
Relationship to Head of Household			Place of Birth		Full Time Student (Yes or No)	
					Name and Address of School:	
<input type="checkbox"/>	White					
<input type="checkbox"/>	Black/African American					
<input type="checkbox"/>	American Indian/Alaska Native					
<input type="checkbox"/>	Asian					
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander					
<input type="checkbox"/>	Hispanic or Latino					
<input type="checkbox"/>	Not Hispanic or Latino					

6. \_\_\_\_\_

Last Name	First Name	Middle Initial	Social Security Number	Date of Birth	Sex (M/F)	Disabled (Yes or No)
Relationship to Head of Household			Place of Birth		Full Time Student (Yes or No)	
					Name and Address of School:	
<input type="checkbox"/>	White					
<input type="checkbox"/>	Black/African American					
<input type="checkbox"/>	American Indian/Alaska Native					
<input type="checkbox"/>	Asian					
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander					
<input type="checkbox"/>	Hispanic or Latino					
<input type="checkbox"/>	Not Hispanic or Latino					

**7. Live-In Aide: (Attach Statement of Need)**

Last Name	First Name	Middle Initial	Social Security Number	Date of Birth	Sex (M/F)
Has the Live-In Aide:					
<b>Y N</b>	Committed fraud, bribery or other criminal act in connection with any Federally Assisted housing program?				
<b>Y N</b>	Been involved in, or committed drug-related criminal activity or violent criminal activity?				
<b>Y N</b>	Owe money to CMHA or another PHA (Public Housing Authority)?				

## Part II – Income and Contributions

Answer the following questions for all household members, regardless of age.

1. Does anyone in the household receive benefits from the Social Security Administration (SSA, SSI, Disability, Death or other Benefit)? **Y N**

Name (recipient)	Type of benefit (SSA, SSI, etc.)	Amount per Month	Any amounts Deducted	Comments

2. Does anyone in the household receive any type of Retirement Funds, Pensions, Insurance Annuities or Veterans Benefits? **Y N**

Name (recipient)	Type of Payment	Benefit Amount	Frequency (how often rec'd)	Received From (Name and Address)

3. Does anyone in the household receive Unemployment, Worker's Compensation, Disability, or Severance Pay? **Y N**

Name (recipient)	Type of Payment	Benefit Amount	Frequency (how often rec'd)	Received From (Name and Address)

4. Does anyone outside the household receive benefits for the support of anyone in the household? **Y N**

Who: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Recipient Name, Address and Telephone: \_\_\_\_\_  
 \_\_\_\_\_

5. Is anyone in the household in the Armed Forces (military)? **Y N**

Name	Branch of Service	Gross pay: regular, special, allowances	Hazardous Duty Pay	Commanding Officer's Name and Phone Number

6. Has anyone in the household applied for or receive Welfare benefits? **Y N**

If yes, list benefits for each household member. Attach copy of award letter(s).

For Whom	Cash Assistance Monthly Amount (OWF)	Food Stamp Monthly Amount	Disability Assistance Monthly Amount	Monthly Amount/Type of Other Welfare Benefits	Receive/Applied (R) / (A)

7. Does anyone in the household receive child support or alimony? **Y N**

If yes, list each separately. Include payments received from out of state payees. **Attach copy of court orders**

For Whom	Name of Payer	Payer Address, City State, Zip, Telephone	Amount	Frequency	Court Ordered: Y/N	Child Support/Alimony (C) or (A)

8. Do any organizations or persons outside of the household give you money or pay for any of the following:  
(mark all that apply)

- |                                    |   |                                       |   |                                       |
|------------------------------------|---|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Rent      | <input type="checkbox"/> Gas                          | <input type="checkbox"/> Electricity  | <input type="checkbox"/> Cable          | <input type="checkbox"/> Telephone    |
| <input type="checkbox"/> Food      | <input type="checkbox"/> Clothing                     | <input type="checkbox"/> Toiletries   | <input type="checkbox"/> Cellular Phone | <input type="checkbox"/> Auto Payment |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Laundry                      | <input type="checkbox"/> Credit Cards | <input type="checkbox"/> Water          | <input type="checkbox"/> Sewer        |
| <input type="checkbox"/> Trash     | <input type="checkbox"/> Other, please explain: _____ |                                       |   |                                       |
| _____                              |   |                                       |   |                                       |
| _____                              |   |                                       |   |                                       |

Provide the following information regarding anyone who supplies you with or pays for any of the items listed above. Include cash amounts given directly to you for the items if applicable.

Name of Person Supplying the Item	Address and Telephone	Amount	Frequency	PHA Use

9. Is anyone in the household self-employed? **Y N** If yes, please answer the following questions:

Name \_\_\_\_\_ How long has this person been self-employed? \_\_\_\_\_  
 Type of business: \_\_\_\_\_  
 Gross Monthly Income: \_\_\_\_\_  
 Monthly Business Expenses: \_\_\_\_\_

Please attach proof of self-employed income and business expenses.

10. Provide the last 12 months of work history for each household member who was/is employed (regardless of age):

Name	Employer	From	To	Gross Monthly Income

11. List the CURRENT employment of all household members:

Name	Employer's Name	Employer's Address	Employer's Phone Number	Gross Wages	Weekly, bi-weekly, etc.

12. Does anyone in the household have any other source of income, including but not limited to: Foster care, adoption assistance, student financial aid, training program income, or other Federal, State or local benefits? **Y N**

Please explain:

---



---



---



---



---



---

### Part III – Assets

Answer the following questions for all household members regardless of age.

1. List separately for each household member who has any of the following:

Name	Bank or Financial Institution Name	Bank Address	Checking Balance and Account #	Savings Balance and Account #	IRA Balance and Account #	Certificate of Deposit (CD) Account #

2. Does anyone in the household have any of the following: If yes, please list the amounts and institution/agency which holds the asset.

Mutual funds \_\_\_\_\_

Stocks \_\_\_\_\_

Bonds \_\_\_\_\_

Life Insurance \_\_\_\_\_

Retirement Accounts through employer \_\_\_\_\_

Personal property held as an investment \_\_\_\_\_

Lump sum distributions (i.e. inheritances, insurance settlements, capital gains, personal/property loss settlements, etc):  
\_\_\_\_\_

3. Does anyone in the household own any real estate/property in the United States or elsewhere, in part or whole? **Y N**

Type of real estate/property: \_\_\_\_\_ Location: \_\_\_\_\_

Value of real estate/property: \_\_\_\_\_ Owned jointly or alone: \_\_\_\_\_

4. Does anyone outside the household currently rent a home owned by a household member? **Y N** If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

5. Has anyone in the household sold or disposed of any asset in the last 2 years? **Y N** If yes, please explain:

---

---

6. Is anyone in the household listed on any accounts or held jointly with someone who is not in the household? **Y N**  
If yes, please explain:

---

---

### Part IV – Allowances and Deductions

1. Is the head of household, spouse or co-head 62 years of age or older, or a person with disabilities? \_\_\_\_\_

**If yes, complete all sections. If no, skip to #2**

Medical Expenses:

What is the monthly amount of Medicare paid by any household member: \_\_\_\_\_

What is the monthly amount of any other type of medical insurance paid by any household member: \_\_\_\_\_

Does your household have any prescriptions regularly filled? If yes, what is the total monthly cost: \_\_\_\_\_

Does your household have any medical bills that will be paid over the next 12 months? If yes, please explain:

---

---

Does anyone outside of the household pay for any of the above medical expenses, or are you reimbursed for any of the above medical expenses?

---

2. Disability Assistance Expenses:

Does a member of the household (18 years of age or older and is a person with disabilities) require any specific auxiliary apparatus to enable them to go to work? \_\_\_\_\_ If yes, what type of equipment is needed:

\_\_\_\_\_ Cost: \_\_\_\_\_

Does the household pay for attendant care for someone in the household who is 13 years of age or older? \_\_\_\_\_ If yes, is this person who needs care, a person with disabilities? \_\_\_\_\_

Amount and frequency of payment: \_\_\_\_\_

Who in the household is able to work because of the expense: \_\_\_\_\_

3. Childcare Expenses:

Does anyone in the household pay for childcare? \_\_\_\_\_ If yes, who \_\_\_\_\_

Names and ages of the children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount paid by the household: \_\_\_\_\_

Name of person/agency that provides childcare: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Does anyone outside of the household pay for any of the childcare costs? \_\_\_\_\_ If yes, who: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Amount paid by an outside source: \_\_\_\_\_

List below the name(s) of household members enabled to work, look for work, or attend school as a result of childcare:

\_\_\_\_\_

List below work, seeking work, and/or  
in school hours (i.e. 8:30 – 4:30):

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

List below the hours child care is  
provided (i.e. 7:30 – 5:30):

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

4. Have you or any member of your family ever been arrested or convicted of a crime? \_\_\_\_\_

If yes, who: \_\_\_\_\_

Was the arrest or conviction either drug-related or involve violence? \_\_\_\_\_ Please explain:

\_\_\_\_\_  
\_\_\_\_\_

5. Do you or any member of your family engage in illegal drug use? \_\_\_\_\_ If yes, is this person seeking treatment? \_\_\_\_\_

Name of family member: \_\_\_\_\_

Name of treatment facility, if applicable: \_\_\_\_\_

