

Source/Amount of Monthly Income	Head of household	Spouse	Household Member	Household Member	Household Member	Household Member
Employment						
Unemployment						
Social Security						
TANF						
Alimony						
Child Support						
Pension/ Annuities						
IRA						
Veteran's Benefits						
Interest/ Dividend						
Regular Contributions or Gifts						
Income from Assets						
Worker's Comp						
No Income						

Employment Status For Head of Household:

Part time (less than 20 hrs. per week) _____

Part time (20-39 hrs per week) _____

Full Time (at least 40 hrs. per week) _____

Volunteer _____

No Employment _____

School/Job Training _____

Temp Employment _____

Banking Income Information:

Checking Account: Bank _____ Current Balance _____
Acct No. _____

Passbook Savings: Bank _____ Current Balance _____
Acct No. _____

Certificate of Deposit: Bank _____ Current Balance _____
Acct No. _____

Childcare Expenses:

Do you pay for babysitting while any adult household members are working, searching for employment or attending school?
 NO YES

If yes, list child care provider name, address and phone number: _____

Cost Per Week \$ _____ Cost per Month \$ _____

Medical Expenses:

The medical expense deduction is permitted **ONLY** for households in which the **Head or Spouse** is at least 62, or a person with disabilities.

Are you receiving Medicare Benefits? _____
Are you receiving Medicaid Benefits? _____
Do you pay for any medical insurance premiums? (such as Blue Cross) _____
If yes, how often _____; cost per payment \$ _____
Do you pay for prescription medication on a regular basis? _____
If yes, how often _____; cost per prescription \$ _____
Do you anticipate any medical expenses over the next 12 months that are not covered by health insurance? _____
If yes, please describe: _____

Please answer the following questions by marking yes or no:

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 1. Are you currently homeless? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Are you staying in places not meant for human habitation? (ie. Street, park, car) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Are you staying in an emergency shelter? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Are you staying in transitional housing after coming from a shelter? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Have you been continuously homeless (staying in shelter/on streets) for one year or more? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Have you had at least 4 episodes of homelessness (staying in shelter/on streets) in the past 3 yrs? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Are you a lifetime registrant under the sexual predator status? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

I certify that all application information is true and complete to the best of my knowledge. I understand that I will be required to provide documentation of the above information for programs that require it.

Applicant's Signature

Date

(I attest that I meet one of HUD's definitions of homelessness as stated in questions 2-6 above if applying for S +C/SHP)

Community Support Provider Signature

Date

(I attest that my client meets one of HUD's definitions of homelessness as stated in questions 2-6 above if applying for S +C/SHP)

CSP Supervisor Signature

Date

(I attest the applicant meets one of HUD's definitions of homelessness as stated in questions 2-6 above if applying for S + C/SHP)

Authorized Approving Board Signature

Date