**Applicant’s Name** (First, Middle, Last)

# Street Address City Zip Code

**Birth Date** (mm/dd/yyyy) **Phone Email**

|  |  |  |  |
| --- | --- | --- | --- |
| **Education:** | Grades 0-8 | Grades 9-12 / Non-Grad | High School Grad / GED |
|  | 12 grade + some post-secondary | 2 or 4 year College Grad | Other post-secondary Grad |

|  |  |  |
| --- | --- | --- |
| **Gender** Male Female  Genderqueer Non-binary Transgender Prefer not to say  **Approximate Income:**  **$ per month Ethnicity** (**Must** check one)  Hispanic, Latino, or Spanish Origins  Not Hispanic, Latino, or Spanish Origins  **Race**  American Indian or Alaska Native Asian  Black or African American  Native Hawaiian or Pacific Islander White  OTHER  Multi-Race - 2 or more of the above  **Household Type**  Single Person  Two Adults, NO Children Single Parent - Female Single Parent – Male Two Parent Household  Non-related Adults with Children  Multi-generational Household Other Household Arrangement | **Housing Means**  Own  Rent  Other permanent housing Homeless  Other  **Disabled?** Yes No  **Health Insurance**  NONE  Medicaid Medicare  State Children’s Health Insurance State Health Insurance for Adults Military Health Care Insurance Direct-Purchase  Employment Based Insurance  **Work Status** Employed Full-Time Employed Part-Time  Migrant/Seasonal Farm Worker Unemployed (Less than 6 mo.) Unemployed (More than 6 mo.) Unemployed (Not in Labor Force) Retired  Currently In School  **Military Status**  Veteran Active Military  No Military Service | **Income Source** (  A**ll** that Apply) TANF  SSI SSDI  Social Security Retirement Pension  Private Disability Insurance  VA Disability (service-connected)  VA Disability (non-service-connected) Child Support  Alimony / Spousal Support Unemployment Insurance Earned Income Tax Credit General Assistance  Other  **Non-Cash Benefits** (  A**ll** that Apply) SNAP / CAL FRESH  WIC LIHEAP  Housing Choice Voucher Public Housing  Permanent Supportive Housing HUD-VASH  Childcare Voucher Affordable Care Act Subsidy OTHER  **Pets**  # of Dogs: # of Cats: |

# Others Living in Household

**Name** (First, Middle, Last) **Birth Date** (mm/dd/yyyy) **Gender**

|  |  |  |  |
| --- | --- | --- | --- |
| **Education:** | Grades 0-8 | Grades 9-12 | HS Grad / GED |
|  | 12 Grade plus | 2 or 4 yr. college graduate | Another graduate. |

**Relationship: In School? ** Yes  No **Working? ** Yes  No

**Name** (First, Middle, Last) **Birth Date** (mm/dd/yyyy) **Gender**

|  |  |  |  |
| --- | --- | --- | --- |
| **Education:** | Grades 0-8 | Grades 9-12 | HS Grad / GED |
|  | 12 Grade plus | 2 or 4 yr. college graduate | Another graduate. |

**Relationship: In School? ** Yes  No **Working? ** Yes  No

**Name** (First, Middle, Last) **Birth Date** (mm/dd/yyyy) **Gender**

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| --- | --- | --- | --- |
| **Education:** | Grades 0-8 | Grades 9-12 | HS Grad / GED |
|  | 12 Grade plus | 2 or 4 yr. college graduate | Another graduate. |

**Relationship: In School? ** Yes  No **Working? ** Yes  No

**Name** (First, Middle, Last) **Birth Date** (mm/dd/yyyy) **Gender**

|  |  |  |  |
| --- | --- | --- | --- |
| **Education:** | Grades 0-8 | Grades 9-12 | HS Grad / GED |
|  | 12 Grade plus | 2 or 4 yr. college graduate | Another graduate. |

**Relationship: In School? ** Yes  No **Working? ** Yes  No

**Name** (First, Middle, Last) **Birth Date** (mm/dd/yyyy) **Gender**

|  |  |  |  |
| --- | --- | --- | --- |
| **Education:** | Grades 0-8 | Grades 9-12 | HS Grad / GED |
|  | 12 Grade plus | 2 or 4 yr. college graduate | Another graduate. |

**Relationship: In School? ** Yes  No **Working? ** Yes  No

**Name** (First, Middle, Last) **Birth Date** (mm/dd/yyyy) **Gender**

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| --- | --- | --- | --- |
| **Education:** | Grades 0-8 | Grades 9-12 | HS Grad / GED |
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**Relationship: In School? ** Yes  No **Working? ** Yes  No

**Name** (First, Middle, Last) **Birth Date** (mm/dd/yyyy) **Gender**

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| --- | --- | --- | --- |
| **Education:** | Grades 0-8 | Grades 9-12 | HS Grad / GED |
|  | 12 Grade plus | 2 or 4 yr. college graduate | Another graduate. |

**Relationship: In School? ** Yes  No **Working? ** Yes  No

# Comment / Notes:

I certify that the information I have provided on this form is, to the best of my knowledge, complete and correct.

Client Signature Date