



2. Race of Head of Household: (check one) (For statistical purposes only)  
 White  Black  American Indian/Alaskan Native  Asian/Pacific Islander
3. Ethnicity of Head of Household: (For statistical purposes only)  
 Hispanic  Non-Hispanic
4. Does anyone live with you now who is not previously listed?  Yes  No
5. Do you expect a change in your household composition?  Yes  No  
 Explain if you answered yes to either questions: \_\_\_\_\_  
 \_\_\_\_\_
6. Is head of household or spouse handicapped or disabled?  Yes  No  
 (For program and unit eligibility purposes only)
7. Please identify any special housing needs your household has: \_\_\_\_\_
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8. Are you now living in a subsidized housing unit?  Yes  No If Yes:
9. Name of Complex: \_\_\_\_\_
10. Name of Manager: \_\_\_\_\_
11. Manager's Telephone Number: \_\_\_\_\_

**ASSETS**

1. List all checking and savings accounts (including IRA's, Keogh accounts, and Certificates of Deposit) of all household members.

MEMBER NUMBER	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

2. List all stocks, bonds, trusts, pensions, or other assets and their value owned by any household member:
3. List any assets disposed of for less than their fair market value during the past two years:

EXPENSES:

Yes  No Do you have expenses for child care of a child aged 12 or younger?  
If yes, provide the name, address, and telephone number of the care provider:

What is the weekly cost to you of the childcare? \_\_\_\_\_

Yes  No Do you pay a care attendant or for any equipment for any handicapped or disabled household member(s) necessary to permit that person or someone else in the household to work?

What is the cost to you for the care attendant and/or the equipment? \_\_\_\_\_

**Elderly Families Only**

Yes  No Do you have Medicare? If yes, what is your monthly premium? \_\_\_\_\_

Yes  No Do you have any other kind of medical insurance? If yes, answer the following questions:

Provide name and address of carrier, policy number, and premium amount:

Yes  No Do you have outstanding medical bills? If yes, list them below.

What medical expenses do you expect to incur in the next twelve months?

If you use the same pharmacy regularly, please provide the name and address: