



**Head of Household Information**

**Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Physical Address** \_\_\_\_\_ **County** \_\_\_\_\_

**City, Zip** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **Type:**  cell  work  home

**City, Zip** \_\_\_\_\_ **Other contact Name/Phone#:** \_\_\_\_\_

**Email** \_\_\_\_\_

**Household Type**

**Number of people in household:** \_\_\_\_\_

Single Parent Female  2 Adults, No Children  Two Parent HH

Single Parent Male  Single Person  Multi-Generational

Non-related Adults w/Children  Other: \_\_\_\_\_

**Housing Type**

Single Family House  Apartment  Duplex  Other

Single-wide Mobile Home  Double-wide Mobile Home

**Housing Status - Please check all that apply**

Receive Rent Assistance  HUD or Public Housing

Own/Buying  Renting

**Select all that apply to any member of the household:**

60 or over  Disabled  Child 5 or younger

Homeless  Veteran/Active Duty

**Household Income - Please check all that apply**

Employment  Retirement from SS  SSI  SSDI

VA Disability - Service  VA Disability - Non-Service  Pension/Retirement

Unemployment  Worker's Compensation  Alimony

Child Support  TANF/AFDC  HUD Utility Check

Survivor Pension  Private Disability Insurance  Earned Income Tax

Family Support/Gifts  Military Retirement Income

**Non-Cash Benefits - Please check all that apply**

SNAP (food stamps)  Head Start  HUD-VASH

WIC  Public Subsidized Housing  Affordable Care Act Subsidy

Childcare Voucher  Housing Choice Voucher

