

NCHFA QUESTIONNAIRE

Property Name: _____ Date: _____

Apartment Size Desired: _____ Number of Bedrooms _____

To be completed in full by household members ages 18 and older. PLEASE ANSWER ALL QUESTIONS! Do not leave any space blank, write "No or N/A" where appropriate. PLEASE PRINT:

1. FAMILY DATA:

Head of Household _____						
Current Address: Street _____		City _____	State _____	Zip _____	Day Phone _____	Night Phone _____
Current Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Widowed _____						
Have you ever used another name? (Y/N) _____ If so please indicate name _____						

Directions to Member: Please complete the table below listing each member of the household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% or more of the time during the next 12 months. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five months need not be consecutive).

If you need additional space for answers to any paragraph listed below, attach additional sheets and make sure you include a reference to the paragraph number and your name.

2. HOUSEHOLD COMPOSITION: List each person living in the unit.

	Name(s)	Relationship To Head	Date of Birth	Gender (M/F)	Full Time Student (Y/N)	Employed (Y/N)	Number
1.		Head					
2.							
3.							
4.							
5.							
6.							
7.							

Do all of the above household members reside in the household 100% of the time? (Y/N) If no, please list those not living in the household 100% of the time:

Anticipated changes in household size within the next 12 months? (Y/N) _____ If Yes, explain

Anticipated change in number of students within the next 12 months? (Y/N) _____ If Yes, explain

Are all occupants' full time students? Yes _____ No _____ If Yes, please complete student status affidavit.

NCHFA QUESTIONNAIRE

Name: _____

HEAD OF HOUSEHOLD EMPLOYMENT INFORMATION

Employer's Name			
Street Address		City	State Zip Code
Date Hired	Gross Salary \$ _____	Hourly <input type="checkbox"/> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	Hours worked per week
Termination Date	Supervisor's Name	Work Telephone #	Work Fax #

IF CURRENTLY UNEMPLOYED, LIST PREVIOUS EMPLOYMENT or IF MORE THAN ONE EMPLOYER, LIST SECOND HERE

Employer's Name			
Street Address		City	State Zip Code
Date Hired	Gross Salary \$ _____	Hourly <input type="checkbox"/> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	Hours worked per week
Termination Date	Supervisor's Name	Work Telephone #	Work Fax #

OTHER HOUSEHOLD MEMBER EMPLOYMENT INFORMATION

Employer's Name			
Street Address		City	State Zip Code
Date Hired	Gross Salary \$ _____	Hourly <input type="checkbox"/> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	Hours worked per week
Termination Date	Supervisor's Name	Work Telephone #	Work Fax #

IF CURRENTLY UNEMPLOYED, LIST PREVIOUS EMPLOYMENT or IF MORE THAN ONE EMPLOYER, LIST SECOND HERE

Employer's Name			
Street Address		City	State Zip Code
Date Hired	Gross Salary \$ _____	Hourly <input type="checkbox"/> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	Hours worked per week
Termination Date	Supervisor's Name	Work Telephone #	Work Fax #

HOUSEHOLD MEMBERS NAME	NAME OF BANK	ACCOUNT NUMBER	ACCOUNT BALANCE
HOUSEHOLD MEMBERS NAME	TYPE OF REAL ESTATE	MORTGAGE OR BALANCE	APPRAISED VALUE

Attach additional pages if necessary.

NCHFA QUESTIONNAIRE

Name: _____

3. HOUSEHOLD ASSETS

Do you or anyone in the household have any of the following assets? Please mark “yes” or “No” for each source of income.

Type of Asset	Head of Household		Co-Head		Additional Household Members	
	Check One	Value of Asset	Check One	Value of Asset	Check One	Value of Asset
Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Savings Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Certificates of Deposits*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Money Market Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Mutual Funds/Stock*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Treasury Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
IRA or 401K*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Company Retirement Accounts*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Annuities Income*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Life Insurance Policies (Whole Life)*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Pension Funds*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Trust Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
If yes, is it revocable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Personal Property Held for Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Mortgage or Deed of Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Cash held in Safety Deposit Boxes, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
House/Real Estate*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other Investments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Have you received any lump sum payments such as the following:						
Inheritances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Lottery or other Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Workers' Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
VA Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Capital Gains	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Note: *When listing the cash value of any of the items that have an asterisk, please keep in mind penalties for withdrawal, or any fees deducted to convert the asset to cash. For example, if you owned a home, and sold it, how much cash would you have after you paid off the mortgage, the realtor etc.? That’s the amount you should list in the “value” column.

Have you disposed of any assets for less than Fair Market Value within the last two years? (State if the sale was due to foreclosure, bankruptcy or divorce.)
Yes No _____

NCHFA QUESTIONNAIRE

Name: _____

4. SOURCES OF INCOME

Is income received from any of the following sources? Please mark “yes” or “No” for each source of income.

Type of Income	Head of Household		Co-Head		Additional Household Members	
	Check One	\$ Amount	Check One	\$ Amount	Check One	\$ Amount
Wages, Salary, etc. thru Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Income from a Business or Profession	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Military Pay, including all allowances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
TANF or other Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Workers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Retirement Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Pensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Annuities Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Insurance Policies Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Disability or Death Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Income from Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Regularly Recurring gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Scholarships	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Educational Entitlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Work Study Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Regular Recurring Gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Long Term Care Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Income from Training Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
List Other Income:						
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

I understand that the above information is being collected to determine my eligibility for residence. I authorize the owner/manager to verify information provided on this application and my signature is my consent to obtain such verification. I certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this form (other than personal property). I further certify that the statements made in this application are true and complete to the best of my knowledge and belief and am aware that false statements are punishable under Federal law.

I understand that this application and all related inquires will be used only for its relevance to screening and occupancy at this property.

Signature Date

Signature Date

Signature Date

Signature Date

SHDP PARTICIPANT ELIGIBILITY CERTIFICATION

Resident Name

Unit No./Bed No./ID No.

This is to certify that the above named individual or household meets the Special Needs occupancy requirement specified in the Declaration of Deed Restrictions. Please select which option best describes your current situation:

CATEGORY 1 – Individual or family who lacks a fixed, regular and adequate nighttime residence as follows:

- My Primary nighttime residence is a public or private place not meant for human habitation;
- I (and my children) are living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels/motels paid for by charitable organizations or by federal, state, and local government programs);
- I am exiting an institution where I have resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

CATEGORY 2 – Individual or family at imminent risk of losing my primary nighttime residence and have all of the following circumstances:

- My residence will be lost within 14 days of the date of this notice; and
 - o No subsequent residence has been identified; and
 - o I (and my children) lack the resources or support networks needed to obtain permanent housing.

CATEGORY 3 – An unaccompanied youth under 25 years of age, or a family with children and youth, who do not otherwise qualify as homeless, but meet all of the following circumstances:

- I am defined as homeless under another federal statute;
- I have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to this application for assistance;
- I have experienced persistent instability as measured by two moves or more during the preceding 60 days; and I expect to continue in such status for an extended period of time due to special needs or barriers defined as follows:

CATEGORY 4

- I am an individual or family that is:
 - o Fleeing, or attempting to flee due to domestic violence;
 - o Have no other residence; and
 - o Lack the resources or support networks to obtain other permanent housing

OTHER – Persons with one of the following special needs:

- Disabilities which are expected to be permanent; In substance abuse treatment; In hospice care; Children in foster care or other licensed facilities; Young adults aging out of foster care or other licensed facilities;

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the residency and/or lease agreement.

Signature

Date



New Choices Program
Assessment

Today's Date: _____

Name: _____

Co Applicant: _____ (Must Fill out own form)

Referred by: _____

Do you have assigned case worker? Circle one YES NO

Name: _____

Agency: _____

Basic Information

Phone Number(s): _____ Email: _____

Current Address: _____

City, State, ZIP: _____ County _____

Date of Birth: _____ Age: _____

Marital Status: Circle one

Married Divorced Single Separated Widowed

Race/Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Multicultural |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Native American | |

Native Language: Circle one

English Spanish Other

Number of Children: _____ Number of Children residing with you: _____

- | | | |
|-------------------------------------|---------------------|-----------------------|
| <input type="checkbox"/> Aged 0-5 | How many male _____ | How many female _____ |
| <input type="checkbox"/> Aged 6-12 | How many male _____ | How many female _____ |
| <input type="checkbox"/> Aged 13-17 | How many male _____ | How many female _____ |
| <input type="checkbox"/> Aged 18+ | How many male _____ | How many female _____ |

Barriers/Challenges: Check ALL that apply

- | | | |
|---|---|--|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Transportation | <input type="checkbox"/> Social Isolation |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Need Food | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Financial Strain | <input type="checkbox"/> Lack of Education |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Drugs/Alcohol |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> Legal Issues |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Parenting Skills | <input type="checkbox"/> Job Loss | <input type="checkbox"/> Other _____ |

(Specify)

Current Housing Situation:

Own Rent Homeless Facing Eviction

Do You Have Transportation? Yes No

If Yes, Model _____ **Color** _____ **License Plate Number** _____

Is your name on the current lease?

Circle one **yes** **no**

Where did you sleep last night? _____

Were you affected by hurricane Matthew October 2016? _____

How were you impacted (job, home, business, food, utilities)? _____

How were you helped? _____

Please list all social service agencies that you are currently receiving assistance from or have received assistance from in the past 6 months:

What are your strengths?

What are your challenges or barriers?

What are your needs?

What are your special skills?

What are your short term goals? (1-3 months)

What steps do you need to take to achieve your short term goals?

What are your long term goals? (6-12 months)

Where do you see yourself in one year?

What steps do you need to take to achieve your long term goals?

Education History

Highest Education:

- | | |
|--|--|
| <input type="checkbox"/> GED
<input type="checkbox"/> High School Diploma
<input type="checkbox"/> Some College
<input type="checkbox"/> Certificate/technical training | <input type="checkbox"/> Associate Degree
<input type="checkbox"/> Bachelor Degree
<input type="checkbox"/> Master/PhD
<input type="checkbox"/> Highest Grade Completed _____ |
|--|--|

Are you currently enrolled in school? Yes No

If yes, where? _____

Are you receiving subsidy or student loans? _____

Employment History

Are you currently employed? Circle one YES NO

Current Employer: _____ **Months/Years Employed:** _____

Pay Rate: _____ **Number of Hours per Week:** _____

Job Description: _____

How often are you paid?

- Weekly
 Bi-Weekly
 Monthly
 Other (please specify): _____

Current/Former Employer: _____ **Months/Years Employed:** _____

Pay Rate: _____ **Number of Hours per Week:** _____

Job Description: _____

How often are you paid?

- Weekly
 Bi-Weekly
 Monthly
 Other (please specify): _____

Current/Former Employer: _____ **Months/Years Employed:** _____

Pay Rate: _____ **Number of Hours per Week:** _____

Job Description: _____

How often are you paid?

- Weekly
 Bi-Weekly
 Monthly
 Other (please specify): _____

Please list your five most recent employers.

Previous Employer: _____	Previous Employer: _____
Reason for Leaving: _____	Reason for Leaving: _____
Previous Employer: _____	Previous Employer: _____
Reason for Leaving: _____	Reason for Leaving: _____
Previous Employer: _____	Previous Employer: _____
Reason for Leaving: _____	Reason for Leaving: _____

Address History

Previous Address: _____	Previous Address: _____
Reason for Leaving: _____	Reason for Leaving: _____
Previous Address: _____	Previous Address: _____
Reason for Leaving: _____	Reason for Leaving: _____
Previous Address: _____	Previous Address: _____
Reason for Leaving: _____	Reason for Leaving: _____

Prior Military? Yes No

Budget History

Other Sources of Income:
Household monthly gross income

Write dollar amounts for ALL that apply.

\$ _____ Salary	\$ _____ Disability	\$ _____ TANF
\$ _____ Self Employ	\$ _____ Unemployment	\$ _____ Retirement
\$ _____ Food Stamps	\$ _____ Financial Aid	\$ _____ Alimony
\$ _____ Child Support	\$ _____ Social Security	\$ _____ Child Care
\$ _____ Work First	\$ _____ Spouse/Partner	\$ _____ Other

Current Monthly Expenses

Complete the following in terms of your MONTHLY budgeting/expenses. Write dollar amount for ALL that apply:

Rent

Utilities (Electric/Water/Gas)

Savings

Loans/Credit Cards

Telephone/Cell Phone

Car Payment

Groceries

Gas

Bus Pass

Health Insurance

Car Insurance

Prescriptions

Cosmetics/Nails/Hair

Laundry

Clothing/Uniforms

Entertainment/Restaurants

Doctor/Dentist

Miscellaneous (please specify)
