

Employment: Please provide employment information for the past five years.

	Head of Household	Co-Applicant/Other Adults
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , Is this permanent, part-time, temporary, or seasonal work?	<input type="checkbox"/> Permanent <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	<input type="checkbox"/> Permanent <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal
If no , are you currently looking for work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently unable to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Why are you unable to work?		

Employment History	Head of Household	Co-Applicant/Other Adults
Current Employer		
Position		
Date Started & Ended		
Address		
City & Zip		
Supervisor		
Phone		
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Salary		
Reason for Leaving		

Employment History	Head of Household	Co-Applicant/Other Adults
Current Employer		
Position		
Date Started & Ended		
Address		
City & Zip		
Supervisor		
Phone		
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Salary		
Reason for Leaving		

Employment History	Head of Household	Co-Applicant/Other Adults
Current Employer		
Position		
Date Started & Ended		
Address		
City & Zip		
Supervisor		
Phone		
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Salary		
Reason for Leaving		

Housing: Please list addresses for the last 5 year.

Address	City	ST	Dates	Name on Lease	Reason for relocating
			-	<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	

Have you ever been evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what contributed to the loss of housing? (check all that apply)	
<input type="checkbox"/> Legal Eviction	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Loss of Job/Income	<input type="checkbox"/> Disability (Mental or Physical)
<input type="checkbox"/> Divorce/Separation	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Criminal Activity	<input type="checkbox"/> Other: _____

Housing Assistance:

Are you currently or have you ever received shelter or housing assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type of housing assistance: (check all that apply)	
<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Rapid Rehousing	<input type="checkbox"/> Subsidized Housing
<input type="checkbox"/> Other: _____	

Please list all housing assistance programs that household has participated in.

Date	Organization	Program Type	Length of Stay	Outcome of program
			-	
			-	
			-	
			-	

Financial:

Bills/Debt

Item	Amount Due	Monthly Payment	Past Due	Item	Amount Due	Monthly Payment	Past Due
Past Rent			<input type="checkbox"/> Yes <input type="checkbox"/> No	Student Loan			<input type="checkbox"/> Yes <input type="checkbox"/> No
Cable			<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical			<input type="checkbox"/> Yes <input type="checkbox"/> No
Electric			<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support			<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas			<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Care			<input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone			<input type="checkbox"/> Yes <input type="checkbox"/> No	Auto Payment			<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone			<input type="checkbox"/> Yes <input type="checkbox"/> No	Auto Insurance			<input type="checkbox"/> Yes <input type="checkbox"/> No
Water & Sewer			<input type="checkbox"/> Yes <input type="checkbox"/> No	Other			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please Estimate Your Total Monthly Debt Amount? \$ _____

Have you seen your credit report in the last year? Yes No

If yes, what was your score? Below 550 550-600 600-650

Vehicle Information

Year	Model	Make	Creditor	Monthly Payment	Driver Insured

License Plate #	State	License Plate Current?	State Inspection Current?
		<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

Driver License #	State DL was issued	Expiration Date

Insurance Company	Policy #	Address	Monthly Payment	Current
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Household Income

Please list any forms of monthly income for **all** members of the household.

Item	Rate	Monthly Income	Currently Reserving?	Item	Rate	Monthly Income	Currently Reserving?
Employment			<input type="checkbox"/> Yes <input type="checkbox"/> No	SNAP/WIC			<input type="checkbox"/> Yes <input type="checkbox"/> No
SSI/SSD			<input type="checkbox"/> Yes <input type="checkbox"/> No	Pension			<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony			<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Support			<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment			<input type="checkbox"/> Yes <input type="checkbox"/> No
TANF			<input type="checkbox"/> Yes <input type="checkbox"/> No	Other			<input type="checkbox"/> Yes <input type="checkbox"/> No

Income Frequency Rate:
M. Monthly **B.** Bi-Weekly **W.** Weekly **O.** Overtime **E.** Other (Please explain).

	Head of Household	Co-Applicant/Other
Do you have a Checking Account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Savings Account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education: Please answer for all members of the household

	Head of Household	Co-Applicant/Other
Do you have a high school diploma or GED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no , are you currently in school for HS or GED diploma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently attending a college?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree		
Major Field of Study		
Are you attending a vocation or training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did You Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What Certifications Do You Hold		

Military Services:

	Head of Household	Co-Applicant/Other
Have anyone in your household ever served in the Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive an honorable discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not , what type of discharge did you receive?		

Criminal Background:

Does anyone in your household have a criminal record?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has anyone in your household been arrested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes , please list.			
Arrest date	Reason	Type	Outcome
		<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	
		<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	
		<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	
Is anyone in your household currently on parole or probation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parole/Probation Location:	County: _____ State: _____		
End of Parole/Probation:			
Name of Probation/Parole Officer:		Contact #:	

