

OFFICE:

Head of Household's **FIRST NAME** – the adult family member filling this out = the Head of Household

Head of Household's **MIDDLE NAME**

Head of Household's **LAST NAME** (ex: Baez Gonzalez) **Suffix**

Your Mother's **LAST Name WHEN SHE WAS A CHILD**

Answer this: Yes No **Does the HoH have a Social Security Number?** If "Yes" you must provide the full SSN!

Head of Household's SOCIAL SECURITY NUMBER	Head of Household's DATE OF BIRTH			GENDER
	Month	Day	Year	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ETHNICITY	RACE:
Also provide your race at right!	Asian , Black, White, Native American, Pacific Islander, Multi-racial
<input type="radio"/> Hispanic <input type="radio"/> non-Hispanic	Do NOT write Spanish, Hispanic, Latino here – and do NOT write your country!
<input type="radio"/>	<input type="radio"/>

REQUESTED ACCOMMODATIONS = **Do you need a:**

Fully Accessible Wheelchair Unit Blind Accessible Unit Need an Interpreter

No-Steps unit (elevator to any floor) Deaf Accessible Unit Domestic Violence Victim

First-Floor unit only unit designed for Environmental Allergies

HoH's CAREER STAGE

Employed Unemployed Retired FT Student PT Student

MOBILE RENTAL ASSISTANCE, if any

I do not have mobile rental assistance Mobile Section 8 voucher MRVP AHVP VASH or similar

CRIMINAL RECORD AND SEX OFFENDER

Head of Household - Any **Felony/Conviction?** Yes No Any **Misdemeanor Conviction?** Yes No

Other Members: Any **Felony Convictions?** Yes No Any **Misdemeanor Conviction?** Yes No

Is anyone in HH subject to a **lifetime sex offender registration** in any state? Yes No

HOUSEHOLD SIZE AND COMPOSITION	ANNUAL INCOME (write the yearly amount!)
<input type="radio"/> ← # Adults <input type="radio"/> ← # Children <input type="radio"/> ← Total # in Household	<input type="radio"/> .00

HOUSING STATUS: Homeless Housing loss in 14 days Fleeing domestic violence At risk of homelessness Stably Housed

BEST TELEPHONE NUMBER TO USE	SECOND TELEPHONE (if you have one)
<input type="radio"/>	<input type="radio"/>

BEST EMAIL ADDRESS

BEST MAILING ADDRESS same as first page where I currently live a P.O. Box a "care of" address

Street Address (including Apartment Number) or P.O. Box

City, State, and Zip Code:

SECOND MAILING ADDRESS same as above where I currently live a P.O. Box a "care of" address

Street Address (including Apartment Number) or P.O. Box

City, State, and Zip Code:

BEDROOMS NEEDED? **SPECIAL CIRCUMSTANCES?** - *some programs may assign you a priority status*

Disability Elder Veteran Fleeing Domestic Violence

Displaced by: _____ Rent-burdened Other