**Personal Information/Address** 

Date \_\_\_\_\_

Applicant:	_Social Security #_		Da	te of Birth		
Physical Address		Mailing Addre	ess			
Driver's License # Expiration						
Home Phone Cell _		Em	ail			
Demographics						
Gender: M F						
	(nown					
Marital Status: Divorced Legally Separated	d Married	Partner	Separated	Single	Widowed	
Primary Language:						
Household Type:						
Multigenerational Household		Single Person				
Non-related Adults with children		Two Adults No	Children			
Other		Two Parent Ho	usehold			
Single Parent Female		Unknown / not	reported			
Single Parent Male						
Housing Type: Homeless Homeless by C	hoice Living v	vith friends or f	family Othe	er Permanent	t Housing Own	
Rent Subsidized (Hud, Sectio	on 8, etc.) Rent L	Insubsidized	Transition	al/Shelter		

Active Never Se	ved in Military	Veteran			
No Yes					
Employment Based	Medicaid	Medicare	Military Health Care	State Children's Health Insurance	State Health Insurance Adul
		E	Bi-racial or Multi-racial		
nerican		(	Caucasian or White		
		1	Native American		
			Jnknown		
Spanish Origin	Not Hispai	nic, Latin or S	Spanish Origin	Unknown	
	Catawba			Cherokee	
	None			Pawnee	
	Other:				
	No Yes Employment Based	No Yes Employment Based Medicaid nerican Spanish Origin Not Hispa Spanish Origin Catawba None	No       Yes         Employment Based       Medicaid       Medicare         Based       Image: Contract of the second sec	No       Yes         Employment Based       Medicaid       Medicare       Military Health Care         Based       Medicaid       Medicare       Military Health Care         Bi-racial or Multi-racial nerican       Bi-racial or Multi-racial Caucasian or White         Native American       Native American         Unknown       Unknown         Spanish Origin       Not Hispanic, Latin or Spanish Origin         Catawba       None	No       Yes         Employment Based       Medicaid       Medicare       Military Health Care       State Children's Health Insurance         Bi-racial or Multi-racial       Bi-racial or Multi-racial       Caucasian or White         nerican       Caucasian or White       Native American         Unknown       Unknown       Catawba         Spanish Origin       Not Hispanic, Latin or Spanish Origin       Unknown         Catawba       Cherokee       Pawnee

Income: Please provide actual monthly dollar amount for all that apply.

Alimony or other Spou		Income Total	Income Source	Income Total
	usal Support		Public Assistance	
Black Lung			Rental Income	
Child Support			Retirement Income from Social Security	
Earnings			Royalties	
Educational Assistanc	ce 🛛		Short Term Disability	
EITC			Social Security Disability Income (SSDI)	
Estate/Trust			State Assistance (IS General)	
Interest/Dividends			Supplemental Security Income (SSI)	
Long Term Disability			TANF	
Non Cash Benefits			Unemployment Insurance	
Other Income Source			VA Non-Service Connected Disability	
Outside Assistance			VA Service Connected Disability	
Pension/Retirement			Veteran's Benefits	
Private Disability Insu	rance		Worker's Compensation	

Residence			
Structure			
Wood	Brick	Masonary	Mobile Home
		PY .	
Multi-Unit	Vinyl Siding	RV	Boat
Home # of Stories			
Dwelling Type			
Site Built (Single Family)	Multi-Unit	Mobile Home Owner	Doublewide Owner
Modular Home (No wheels)	Duplex	Triplewide Owner	Mobile home Renter
Doublewide Renter	Triplewide Renter		
Do you live in? City/Town			·
Year of home construction	If unknown, approximate age	Monthly Rent/Mortgage \$	
Smokers in household?	if so how many		
Was dwelling previously Weatheri	ized? If so when		
Other Contact			
Name	Phone	Relation	nship

## Other Household Members – complete for each member

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Name Soci	al Security #	Date of Birth _	
Demographics			
Gender: M F			
Disabling Condition: Yes No Unknown			
Marital Status: Divorced Legally Separated Marri	ied Partner	SeparatedSingle W	/idowed
Primary Language:			
Household Type:			
Multigenerational Household	Single Person		
Non-related Adults with children	Two Adults No C	hildren	
Other	Two Parent Hous	sehold	
Single Parent Female	Unknown / not re	ported	
Single Parent Male			
Housing Type:HomelessHomeless by ChoiceL	_iving with friends or fa	milyOther Permanent Hou	usingOwn
	<b>5</b> (11 1 1 1 1		
Rent Subsidized (Hud, Section 8, etc.)	Rent Unsubsidized	Transitional/Shelter	
Education Highest Grade Completed:			
Military Status: ActiveNever Served in Military	Veteran		
Health Insurance <u>No</u> Yes			
	ledicare Military H	lealthState Children'sCareHealth Insurance	State Health
Purchase Based			Insurance Adult

Race:				
Asian		Bi-racial or Multi-ra	acial	
Black or African American		Caucasian or White	9	
Hispanic		Native American		
Pacific Islander		Unknown		
Ethnicity				
Hispanic, Latin or Spanish Origin	Not Hispanic, Latir	ı or Spanish Origin	Unknown	
Tribe	·			
Blackfoot	Catawba		Cherokee	
Choctaw	None		Pawnee	
Pima	Other			
Income: Please provide actual monthly dollar am	ount for all that apply.			
Income Source	Income Total	Income Source		Income Total
Alimony or other Spousal Support		Public Assistance		
Black Lung		Rental Income		
Child Support		Retirement Income f	from Social Security	
Earnings		Royalties		
Educational Assistance		Short Term Disability	у	
EITC		Social Security Disa	bility Income (SSDI)	
Estate/Trust		State Assistance (IS	General)	
Interest/Dividends		Supplemental Secur	ty Income (SSI)	
Long Term Disability				
Non Cash Benefits		TANF		
		TANF Unemployment Insu	rance	
Other Income Source				
		Unemployment Insu	nnected Disability	
Other Income Source		Unemployment Insu VA Non-Service Cor	nnected Disability	

All information, regarding an applicant or recipient, is confidential and may be disclosed only for purposes of determining eligibility, providing services, or investigating suspected fraud in connection with the program. By signing this application, I authorize the Community Action Agency and South Carolina Office of Economic Opportunity access to my household's fuel/utility/energy records pertaining to the eligibility of the applicant and for the purpose of any reporting required under Federal, State and local statutes, regulations and ordinances.

I,\_\_\_\_\_\_, certify that all the above information is correct and may be used for household and income verification as well as zero income verification for statistical purposes. I authorize agency employees to contact any former employees and/or social services agencies to verify household income for the past thirty (30) days. I further certify that documentation to verify the same is included in the Applicant's official file/record.

Date

Customer Signature

Date

Signature of CAA Staff Member

CAA, its agent, partners and funding sources do not discriminate on the basis of race, color, sex, age, religion, national origin, disability, or marital status. If you, the applicant, feel you were treated unfairly or denied service(s), please notify the agency in your county of residence to appeal and request a fair hearing. Your application will be properly reviewed to determine eligibility based on the required documents provided.

## Other Household Members – complete for each member

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			_ Social Secu	rity #		Date of Birth	۱
<b>Demographics</b>							
Gender: M	F						
Disabling Condit	ion: Yes No	Unknow	<u>n</u>				
Marital Status: D	Divorced Legally	Separated	Married	Partner	Separated	Single	Widowed
Primary Languag	je:						
Household Typ	e:						
Multigenerat	tional Household			Single Person			
Non-related	Adults with children			Two Adults No 0	Children		
Other				Two Parent Hou	sehold		
Single Parer	nt Female			Unknown / not re	eported		
Single Parer	nt Male						
		neless by Choic	eLiving w	th friends or fa	nilyOthe	r Permanent Ho	usingOwn
Housing Type:	HomelessHon	lud, Section 8,	etc.)Rent	Unsubsidized	Transitior	nal/Shelter	
		lud, Section 8, d	etc.)Rent	Unsubsidized	Transitior	nal/Shelter	
Education Higher	Rent Subsidized (H				Transitior	nal/Shelter	
Education Higher	Rent Subsidized (H st Grade Completed ActiveNever \$				Transitior	nal/Shelter	
Education Higher	Rent Subsidized (H st Grade Completed ActiveNever \$			Military H		nal/Shelter State Children's	State Health

Race:					
Asian		Bi-racial or Multi-ra	acial		
Black or African American		Caucasian or White			
Hispanic		Native American			
Pacific Islander		Unknown			
Ethnicity					
Hispanic, Latin or Spanish Orgin	Not Hispanic, Latin	n or Spanish Orgin	Unknown		
<b>Fribe</b>					
Blackfoot	Catawba		Cherokee		
Choctaw	None		Pawnee		
Pima	Other				
Please provide actual monthly dollar Income Source	r amount for all that app Income Total	bly.		Income Total	
Alimony or other Spousal Support		Public Assistance			
Black Lung					
5		Rental Income			
Child Support		Rental Income Retirement Income	from Social Security		
Child Support Earnings			from Social Security		
••		Retirement Income			
Earnings Educational Assistance		Retirement Income Royalties Short Term Disabilit			
Earnings		Retirement Income Royalties Short Term Disabilit	y bility Income (SSDI)		
Earnings Educational Assistance EITC Estate/Trust		Retirement Income         Royalties         Short Term Disabilit         Social Security Disa	y bility Income (SSDI) S General)		
Earnings Educational Assistance EITC Estate/Trust Interest/Dividends Long Term Disability		Retirement Income Royalties Short Term Disabilit Social Security Disa State Assistance (IS	y bility Income (SSDI) S General)		
Earnings Educational Assistance EITC		Retirement Income         Royalties         Short Term Disabilit         Social Security Disa         State Assistance (IS         Supplemental Security         TANF         Unemployment Insur	y bility Income (SSDI) S General) rity Income (SSI)		
Earnings Educational Assistance EITC Estate/Trust Interest/Dividends Long Term Disability		Retirement Income         Royalties         Short Term Disabilit         Social Security Disa         State Assistance (IS         Supplemental Secur         TANF	y bility Income (SSDI) S General) rity Income (SSI)		
Earnings Educational Assistance EITC Estate/Trust Interest/Dividends Long Term Disability Non Cash Benefits		Retirement Income         Royalties         Short Term Disabilit         Social Security Disa         State Assistance (IS         Supplemental Security         TANF         Unemployment Insur	y bility Income (SSDI) General) rity Income (SSI) rance nnected Disability		
Earnings Educational Assistance EITC Estate/Trust Interest/Dividends Long Term Disability Non Cash Benefits Other Income Source		Retirement Income         Royalties         Short Term Disabilit         Social Security Disa         State Assistance (IS         Supplemental Secur         TANF         Unemployment Insu         VA Non-Service Communication	y bility Income (SSDI) General) rity Income (SSI) rance nnected Disability		