



Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? YES NO

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full time student(s) married and filing a joint tax return?	YES	NO
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	YES	NO
Are any full time student(s) a TANF or a title IV recipient?	YES	NO
Are any full time student(s) a single parent living with his/her minor child who is not a dependant on another's tax return?	YES	NO

**C.INCOME**

List ALL sources of income as requested below. If a section doesn't apply, cross it out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim#)	\$
	Veteran's Benefits (list claim#)	\$
		\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income(source)	\$
	Interest Income(source)	\$
	Interest Income(source)	\$
	Interest Income(source)	\$

Household Member Name	Source of Income	Monthly Amount
	Employer:	\$
	Supervisor:	
	Phone:	
	Address:	
	Position Held:	
	How long employed:	
	Employer:	\$
	Supervisor:	
	Phone:	
	Address:	
	Position Held:	

	How long employed:	
	Employer:	\$
	Supervisor:	
	Phone:	
	Address:	
	Position Held:	
	How long employed:	
	Employer:	\$
	Supervisor:	
	Phone:	
	Address:	
	Position Held:	
	How long employed:	
	<b>Alimony</b>	
	Are you entitled to receive alimony?	YES NO
	If yes, list the amount you are entitled to receive.	\$
	Do you receive child support?	YES NO
	If yes, list the amount you receive.	\$
	<b>Other Income</b>	
	<b>Other Income</b>	
	<b>Other Income</b>	
	<b>TOTAL GROSS ANNUAL INCOME(Based on the monthly amounts listed above X 12)</b>	\$
	<b>TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR</b>	\$
	Do you anticipate any changes in this income in the next 12 months?	YES NO
<b>If yes, explain:</b>		

<b>D. ASSETS</b>			
If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write NA.			
Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Saving Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Account	#	Bank	Balance \$
Certificates	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Credit Union	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Bonds	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
Life Insurance Policy	#		Cash Value \$
Life Insurance Policy	#		Cash Value \$

Mutual Funds	Name:	#Shares:	Interest or Dividend\$	Value \$
	Name:	#Shares:	Interest or Dividend\$	Value \$
	Name:	#Shares:	Interest or Dividend\$	Value \$
Stocks	Name:	#Shares:	Interest or Dividend\$	Value \$
	Name:	#Shares:	Interest or Dividend\$	Value \$
	Name:	#Shares:	Interest or Dividend\$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend\$	Value \$
	Name:	#Shares:	Interest or Dividend\$	Value \$
Investment Property				Appraised Value \$

Real Estate property: Do you own any property?	YES	NO
If yes, Type of property		
Location of property		
Appraised market value	\$	
Mortgage or outstanding loans balance due	\$	
Amount of annual insurance premium	\$	
Amount of most recent tax bill	\$	

Have you sold any property in the last 2 years?	YES	NO
If yes, Type of property		
Market value when sold / disposed	\$	
Amount sold disposed for	\$	
Date of transaction		

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	YES	NO
If yes, describe the asset		
Date of disposition		
Amount of disposed	\$	

Do you have any other assets not listed above (excluding personal property)?	YES	NO
If yes, please list:		

#### E. ADDITIONAL INFORMATION

Are any members of your family currently using an illegal substance?	YES	NO
Have you or any member of your family ever been convicted of a felony?	YES	NO
<b>If yes, describe:</b>		
Have you or any family member ever been evicted from any housing?	YES	NO
<b>If yes, describe:</b>		
Have you ever filed for bankruptcy?	YES	NO
<b>If yes, describe:</b>		

#### E. REFERENCE INFORMATION

<b>Current Landlord</b>	<b>Name:</b>	
	<b>Address:</b>	
	<b>Home Phone:</b>	
	<b>Bus. Phone:</b>	
	<b>How Long?</b>	

