



I (am) (am not) a veteran. Other household members (are) (are not) veterans. (circle correct responses)

**EDUCATION: ADULT HOUSEHOLD MEMBERS** 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

Other Specialized Training \_\_\_\_\_

Adults presently enrolled in school? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

**OCCUPATION(s)** of household members (over 18). List current job and last three jobs **FOR EACH PERSON.**

HOUSEHOLD MEMBER	EMPLOYER	DATES	JOB TITLE	WAGES	HOURS/WK	WHY LEFT
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Are all members of your household who are able to work registered with Job Service? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

**SECTION 11 - HOUSEHOLD ASSETS AND DEBT** (If none, please write none in blank)

ASSETS	DEBTS
Cash in banks _____	Debts to banks _____
Accounts and notes receivable _____	House _____
Investments - (bonds, stocks, etc.) _____	Auto _____
Real Estate: Location _____	Medical bills _____
Use _____	Debts to finance companies _____
Automobile or other vehicles (type & year) _____	Other Debts: _____
Recreational vehicles _____	<b>TOTAL DEBTS:</b> _____
Farm equipment _____	
Other assets _____	

List and describe all anticipated Income such as land sales, expected gifts, inheritance, trusts, allotments, or expected future payments of any kind: \_\_\_\_\_

**TOTAL ASSETS:** \_\_\_\_\_

Do you own or are you buying your house or trailer home?

Yes \_\_\_\_\_ No \_\_\_\_\_ Payment \$ \_\_\_\_\_

If you rent a house, apartment, or trailer home, what is your rent? \$ \_\_\_\_\_

Name/address/telephone # of landlord: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**SECTION III - INCOME INFORMATION** (Previous Tax Year)

Last year's gross income (YOU MUST PROVIDE LAST YEAR'S FEDERAL INCOME TAX FORM OR OTHER SUITABLE DOCUMENTATION TO PROVE INCOME FOR LAST TAX YEAR).

COMMENTS: \_\_\_\_\_

**SECTION IV - INCOME INFORMATION** (Complete gross income amounts for all adult household members)  
(You must provide check stubs or other suitable documentation to prove income for the past 90 days.)

APPLICANT	Claim #	Previous Month	Last Tax Year	OTHER HOUSEHOLD MEMBERS		
				Claim #	Previous Month	Last Tax Year
Social Security						
SSI						
Veterans Benefits						
Military Benefits						
National Guard						
BIA/GA						
Lease Payments						
ADC-AFDC						
Foster Care						
Food Stamps						
LIEAP						
Wages (employment)						
Income (self-employ)						
Unemployment Comp.						
Workman's Comp.						
Vacation/Sick Pay						
Retirement						
Strike Benefits						
Alimony						
Child Support						
WIC						
Subsidized Housing						
Utility Allowance						
Other Income						
Insurance Settlement						
Insurance Cash Value						
Scholarships						
Loans/ Grants						
Total Income						