

INDICATE YOUR MONTHLY INCOME AMOUNT AND SELECT INCOME SOURCE: \$ _____

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Work Comp | <input type="checkbox"/> EITC |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Pension | <input type="checkbox"/> Private Disability | <input type="checkbox"/> None |
| <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Alimony | <input type="checkbox"/> SSI | <input type="checkbox"/> VA Service-Connected Compensation |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Rental | <input type="checkbox"/> SSDI | <input type="checkbox"/> VA Non-Service Connected Pension |
| <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Interest/Dividends | <input type="checkbox"/> Social Security Retirement | |

HOUSING STATUS (SELECT ONE)

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Rent | <input type="checkbox"/> Own | <input type="checkbox"/> Other |
| Landlord name: _____ | <input type="checkbox"/> Rent to Own | <input type="checkbox"/> Runaway |
| LL Address: _____ | | <input type="checkbox"/> Homeless |
| LL Phone number: _____ | | <input type="checkbox"/> Temp Stable |
| Rent amount per month: _____ | | <input type="checkbox"/> Temp Unstable |
| Who pays for heating
Landlord or Tenant | | |

HOUSING TYPE (SELECT ONE)

- | | |
|--|--|
| <input type="checkbox"/> House- year built _____ | Type of Energy Source : |
| <input type="checkbox"/> Duplex (lower/upper level or side by side) - Year built _____ | Water Heater- Natural Gas LP/Propane Oil Electric Unknown |
| <input type="checkbox"/> Apartment - # of Units _____ | Heating- Natural gas LP/Propane Oil Electric Wood Unknown |
| Year built _____ | |
| <input type="checkbox"/> Mobile home | |
| Year built _____ | |

RELIABLE TRANSPORTATION - YES OR NO

DO YOU HAVE A VALID DRIVER'S LICENSE - YES OR NO

Are you or any household member related to any Newcap employee or Board of Director? (related to includes self, spouse, Fiancée/Fiancé, children and children-in-law, brothers, brother(s)-in-law, sisters, sister(s)-in-law, parents, and parent(s)-in-law, and/or anyone who received more than 50% of their annual support from the person (e.g. adopted child, foster child))

Yes ___ No ___ If Yes, please explain: _____

NOTES:

Other Household Members

FIRST NAME: _____

MIDDLE INITIAL: _____

LAST NAME: _____

BIRTHDATE: _____

_____/_____/_____

GENDER: Male _____ Female _____

RELATIONSHIP TO THE APPLICANT

Boy-Girlfriend Parent
Son Daughter
Cousin Sibling
Foster-Child Spouse
Grandchild Step-child
Grandparent Step-parent
Nephew/Niece No Relation
Uncle Aunt

ETHNICITY: (Check one)

Hispanic Non-Hispanic

RACE: (Check one or two/specify if other)

American Indian Black White
Asian Other: _____

MARITAL STATUS: (Check one)

Single
Married
Divorced/Separated
Widowed

HIGHEST LEVEL OF EDUCATION:

0-8 grade
9-12/Non-Graduate
High School Graduate/GED
12+ Some Post Secondary
2 or 4 years College Graduate

HEALTH INSURANCE STATUS:

Medicaid/Medicare
No coverage (self pay)
VA Benefits
Government/Tribal Insurance
Other (Please specify)

HUD REQUIRED:

US Veteran: Yes No
Disabled: Yes No
If yes: Physical Mental Blind
Speech Developmental Deaf
Behavioral
Long Term: Yes No

EMPLOYMENT STATUS:

Are You Currently Employed?
Yes No
If yes: Full Time Part Time
Hours per week _____
Hourly wage _____
If no state reason:

STAFF USE Only:

Program: _____
Service Start Date: _____
Service End Date: _____

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