Client Number	Agency				Application Date	
		I				
Primary Applicant First	Name	M.I.			Last Name	
Social Security Number	<b>v</b>	Date of Birth			Gender	
					☐ Female	☐ Other
		''			□ Male	
Household Infor	mation					
Household Size	Family			Buildin		
		e Parent/Female			le Home	
Housing Status	_	e Parent/Male			e Family	o (2 otorios or loca)
□ Own		Parent Household e Person				e (3 stories or less) se (3 stories or more)
□ Rent		Adults/No Children		iviuiti-	ranny mgm	se (3 stories of filore)
☐ Other Permanent		related Adults with	children			
Housing □ Homeless		generational House				
☐ Other	□ Othe					
Customer Addre	ess					
Current Service Address			Apartmen	t/Lot/Uni	it Floor	
			-			
Current Mailing Address	(if different f	rom above)	Apartmen	t/Lot/Uni	it Floor	
City	State		Zip Code		Col	intv
Oity	State	Zip Code		County		
Phone Number		Email Address				
Preferred method of cont						
	nt Demogra	phic Information				
Ethnicity		Race	/ <b>.</b>		Education	
☐ Hispanic, Latino or Sp	anish	☐ American Indiar	n/Alaskan i	Native	☐ Grade 0-8	
Origins	« Coopieb	☐ Asian		☐ Grades 9-12/Non-Graduate		
□ Not Hispanic, Latino o Origins	r Spanisn	☐ Black/African American		<ul><li>☐ High School Grad/GED</li><li>☐ 12+ Some Post-Secondary Education</li></ul>		
Origins		☐ Native Hawaiian/Other Pacific Islander			ar College Graduate	
		☐ Other				or other post-secondary
		☐ Unknown/Not-reported		school	or other poor occorridary	
		□ White	- p - 1 - 1 - 1			
Is Client Disabled?		Military Status			Is Client a U	IS Citizen?
□ Yes		□ Veteran			□ Yes	
□ No <b>Work Status</b>		☐ Active Military  Health Insurance	Typo		□ No Non-Cash B	lonofite
☐ Employed full-time		☐ Medicaid	туре			e Care Act Subsidy
☐ Employed part-time		☐ Medicald		☐ Childcare	•	
☐ Migrant Seasonal Farr	n Worker	☐ Private/Employment Based			Choice Voucher	
☐ Unemployed (short-ter		☐ Self-Insured/Direct Pay		□ HUD-VAS		
months or less)	•	□ None		□ Other		
☐ Unemployed (long-term)	m, more	☐ State Children's Health Insurance		☐ Permaner	nt Supportive Housing	
than 6 months)		Program		☐ Public Ho	using	
☐ Unemployed (not in labor force) ☐ State Health Ins		urance for	Adults	□ SNAP		
☐ Retired				□ WIC		
☐ Unknown/not reported						
☐ Youth ages 14-24 who						
neither working nor in	SCHOOL				<u> </u>	

Additional Household Men	·	
First Name	M.I.	Last Name
Social Security Number	Date of Birth	Gender
//	//	☐ Female ☐ Other ☐ Male
Ethnicity	Race	Education
☐ Hispanic, Latino or Spanish Origins	☐ American Indian/Alaskan Native	☐ Grade 0-8
☐ Not Hispanic, Latino or Spanish	☐ Asian	☐ Grades 9-12/Non-Graduate
Origins	☐ Black/African American	☐ High School Grad/GED
	☐ Native Hawaiian/Other Pacific	☐ 12+ Some Post-Secondary Education
	Islander	☐ 2 or 4 Year College Graduate
	□ Other	☐ Grad or other post-secondary school
	☐ Unknown/Not-reported	
le Client Dischlad?	☐ White	la Client e IIC Citizano
Is Client Disabled?  ☐ Yes	Military Status  ☐ Veteran	Is Client a US Citizen?  ☐ Yes
□ Yes □ No	☐ Veteran ☐ Active Military	□ Yes
Work Status	Health Insurance Type	Non-Cash Benefits
☐ Employed full-time	□ Medicaid	☐ Affordable Care Act Subsidy
☐ Employed part-time	☐ Medicare	☐ Childcare Voucher
☐ Migrant Seasonal Farm Worker	☐ Private/Employment Based	☐ Housing Choice Voucher
☐ Unemployed (short-term, 6 months	☐ Self-Insured/Direct Pay	☐ HUD-VASH
or less)	□ None	□ Other
☐ Unemployed (long-term, more than	☐ State Children's Health Insurance	☐ Permanent Supportive Housing
6 months)	Program	□ Public Housing
☐ Unemployed (not in labor force)	☐ State Health Insurance for Adults	□ SNAP
□ Retired		□ WIC
☐ Unknown/not reported		
☐ Youth ages 14-24 who are neither		
working nor in school	NA 1	Lost Name
First Name	M.I.	Last Name
Social Security Number	Date of Birth	Gender
Social Security Number	Date of Birth	☐ Female ☐ Other
Social Security Number	Date of Birth	
//	Date of Birth// Race	☐ Female ☐ Other
Ethnicity	// Race	☐ Female ☐ Other ☐ Male Education
Ethnicity  ☐ Hispanic, Latino or Spanish Origins	//	□ Female □ Other □ Male
Ethnicity	Race  American Indian/Alaskan Native	☐ Female ☐ Other ☐ Male  Education ☐ Grade 0-8
Ethnicity  Hispanic, Latino or Spanish Origins  Not Hispanic, Latino or Spanish	Race  ☐ American Indian/Alaskan Native ☐ Asian	☐ Female ☐ Other ☐ Male  Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate
Ethnicity  Hispanic, Latino or Spanish Origins  Not Hispanic, Latino or Spanish	Race  ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander	□ Female □ Other □ Male  Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education □ 2 or 4 Year College Graduate
Ethnicity  Hispanic, Latino or Spanish Origins  Not Hispanic, Latino or Spanish	Race  American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other	□ Female □ Other □ Male  Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education
Ethnicity  Hispanic, Latino or Spanish Origins  Not Hispanic, Latino or Spanish	Race  American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported	□ Female □ Other □ Male  Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education □ 2 or 4 Year College Graduate
Ethnicity  ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins	Race  American Indian/Alaskan Native  Asian  Black/African American  Native Hawaiian/Other Pacific Islander  Other  Unknown/Not-reported  White	□ Female □ Other □ Male  Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education □ 2 or 4 Year College Graduate □ Grad or other post-secondary school
Ethnicity  Hispanic, Latino or Spanish Origins  Not Hispanic, Latino or Spanish Origins  Client Disabled?	Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White Military Status	□ Female □ Other □ Male  Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education □ 2 or 4 Year College Graduate □ Grad or other post-secondary school  Is Client a US Citizen?
Ethnicity  Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins  Client Disabled?	Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White Military Status	□ Female □ Other □ Male  Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education □ 2 or 4 Year College Graduate □ Grad or other post-secondary school  Is Client a US Citizen? □ Yes
Ethnicity  Hispanic, Latino or Spanish Origins Origins  Client Disabled? No	Race  American Indian/Alaskan Native  Asian  Black/African American  Native Hawaiian/Other Pacific Islander  Other  Unknown/Not-reported  White  Military Status  Active Military	□ Female □ Other □ Male  Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education □ 2 or 4 Year College Graduate □ Grad or other post-secondary school  Is Client a US Citizen? □ Yes □ No
Ethnicity  Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins  Client Disabled?  Yes No Work Status	Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White Military Status Veteran Active Military Health Insurance Type	□ Female □ Other □ Male  Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education □ 2 or 4 Year College Graduate □ Grad or other post-secondary school  Is Client a US Citizen? □ Yes □ No Non-Cash Benefits
Ethnicity  Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins  Client Disabled?  Yes No Work Status Employed full-time	Race  American Indian/Alaskan Native  Asian  Black/African American  Native Hawaiian/Other Pacific Islander  Other  Unknown/Not-reported  White  Military Status  Veteran Active Military  Health Insurance Type  Medicaid	□ Female □ Other □ Male  Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education □ 2 or 4 Year College Graduate □ Grad or other post-secondary school  Is Client a US Citizen? □ Yes □ No  Non-Cash Benefits □ Affordable Care Act Subsidy
Ethnicity  Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins  Client Disabled?  Yes No Work Status Employed full-time Employed part-time	Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White Military Status Veteran Active Military Health Insurance Type Medicaid Medicare	□ Female □ Other □ Male  Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education □ 2 or 4 Year College Graduate □ Grad or other post-secondary school  Is Client a US Citizen? □ Yes □ No  Non-Cash Benefits □ Affordable Care Act Subsidy □ Childcare Voucher
Ethnicity  Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins  Client Disabled?  Yes No Work Status Employed full-time Employed part-time Migrant Seasonal Farm Worker	Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White Military Status Veteran Active Military Health Insurance Type Medicaid Medicare Private/Employment Based	□ Female □ Other □ Male  Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education □ 2 or 4 Year College Graduate □ Grad or other post-secondary school  Is Client a US Citizen? □ Yes □ No  Non-Cash Benefits □ Affordable Care Act Subsidy □ Childcare Voucher □ Housing Choice Voucher
Ethnicity  Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins  Client Disabled?  Yes No Work Status Employed full-time Employed part-time Migrant Seasonal Farm Worker Unemployed (short-term, 6 months	Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White Military Status Veteran Active Military Health Insurance Type Medicaid Medicare Private/Employment Based Self-Insured/Direct Pay	□ Female □ Other □ Male  Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education □ 2 or 4 Year College Graduate □ Grad or other post-secondary school  Is Client a US Citizen? □ Yes □ No  Non-Cash Benefits □ Affordable Care Act Subsidy □ Childcare Voucher □ Housing Choice Voucher □ HUD-VASH
Ethnicity  Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins  Client Disabled?  Yes No Work Status Employed full-time Employed part-time Migrant Seasonal Farm Worker Unemployed (short-term, 6 months or less)	Race  American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White  Military Status Veteran Active Military  Health Insurance Type Medicaid Private/Employment Based Self-Insured/Direct Pay None	□ Female □ Other □ Male  Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education □ 2 or 4 Year College Graduate □ Grad or other post-secondary school  Is Client a US Citizen? □ Yes □ No  Non-Cash Benefits □ Affordable Care Act Subsidy □ Childcare Voucher □ Housing Choice Voucher □ HUD-VASH □ Other
Ethnicity  Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins  Client Disabled?  Yes No Work Status Employed full-time Employed part-time Migrant Seasonal Farm Worker Unemployed (short-term, 6 months or less) Unemployed (long-term, more than 6	Race  American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White  Military Status Veteran Active Military  Health Insurance Type Medicaid Medicare Private/Employment Based Self-Insured/Direct Pay None State Children's Health Insurance	□ Female □ Other □ Male  Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education □ 2 or 4 Year College Graduate □ Grad or other post-secondary school  Is Client a US Citizen? □ Yes □ No  Non-Cash Benefits □ Affordable Care Act Subsidy □ Childcare Voucher □ Housing Choice Voucher □ HUD-VASH □ Other □ Permanent Supportive Housing
Ethnicity  Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins  Client Disabled?  Yes No Work Status Employed full-time Employed part-time Migrant Seasonal Farm Worker Unemployed (short-term, 6 months or less) Unemployed (long-term, more than 6 months)	Race  American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White  Military Status Veteran Active Military Health Insurance Type Medicaid Medicare Private/Employment Based Self-Insured/Direct Pay None State Children's Health Insurance Program	□ Female □ Other □ Male  Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education □ 2 or 4 Year College Graduate □ Grad or other post-secondary school  Is Client a US Citizen? □ Yes □ No  Non-Cash Benefits □ Affordable Care Act Subsidy □ Childcare Voucher □ Housing Choice Voucher □ HUD-VASH □ Other □ Permanent Supportive Housing □ Public Housing
Ethnicity  Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins  Client Disabled?  Yes No Work Status Employed full-time Employed part-time Migrant Seasonal Farm Worker Unemployed (short-term, 6 months or less) Unemployed (long-term, more than 6 months) Unemployed (not in labor force)	Race  American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White  Military Status Veteran Active Military  Health Insurance Type Medicaid Medicare Private/Employment Based Self-Insured/Direct Pay None State Children's Health Insurance	□ Female □ Other □ Male  Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education □ 2 or 4 Year College Graduate □ Grad or other post-secondary school  Is Client a US Citizen? □ Yes □ No  Non-Cash Benefits □ Affordable Care Act Subsidy □ Childcare Voucher □ Housing Choice Voucher □ HUD-VASH □ Other □ Permanent Supportive Housing □ Public Housing □ SNAP
Ethnicity  Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins  Client Disabled?  Yes No Work Status Employed full-time Employed part-time Migrant Seasonal Farm Worker Unemployed (short-term, 6 months or less) Unemployed (long-term, more than 6 months) Unemployed (not in labor force) Retired	Race  American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White  Military Status Veteran Active Military Health Insurance Type Medicaid Medicare Private/Employment Based Self-Insured/Direct Pay None State Children's Health Insurance Program	□ Female □ Other □ Male  Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education □ 2 or 4 Year College Graduate □ Grad or other post-secondary school  Is Client a US Citizen? □ Yes □ No  Non-Cash Benefits □ Affordable Care Act Subsidy □ Childcare Voucher □ Housing Choice Voucher □ HUD-VASH □ Other □ Permanent Supportive Housing □ Public Housing
Ethnicity  Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins  Client Disabled?  Yes No Work Status Employed full-time Employed part-time Migrant Seasonal Farm Worker Unemployed (short-term, 6 months or less) Unemployed (long-term, more than 6 months) Unemployed (not in labor force)	Race  American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White  Military Status Veteran Active Military Health Insurance Type Medicaid Medicare Private/Employment Based Self-Insured/Direct Pay None State Children's Health Insurance Program	□ Female □ Other □ Male  Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education □ 2 or 4 Year College Graduate □ Grad or other post-secondary school  Is Client a US Citizen? □ Yes □ No  Non-Cash Benefits □ Affordable Care Act Subsidy □ Childcare Voucher □ Housing Choice Voucher □ HUD-VASH □ Other □ Permanent Supportive Housing □ Public Housing □ SNAP

Countable Ir	ncome Information			
Client Name	Тс	otal Amount Rec		Period Received (30, 90 or 365 days)
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
Income Category			Frequency	Total Amount
Fixed Countable Income	Supplemental Security Income (SSI) (See E-2.3) Social Security Disability Insurance (SSDI) (See E Social Security Retirement (SS) (See E-2.3) Pension (examples are government, military and p Widow/Widower's benefit Alimony Black Lung pension	•	□ Weekly □ Bi-week □ Monthly □ Yearly	
Earned Countable Income	Wages (salary, tips, commission, bonuses, etc.) Active Military Pay		□ Weekly □ Bi-week □ Monthly □ Yearly	
Other Earned Countable Income	Seasonal Employment Self-employment		□ Weekly □ Bi-week □ Monthly □ Yearly	
Supplemental Countable Income	Unemployment Utility Assistance Workers' Compensation Ohio Works First Temporary Assistance for Needy Families (TANF) Employment Disability Payouts Strike Benefit		☐ Weekly ☐ Bi-week ☐ Monthly ☐ Yearly	
Other Countable Income	Cash withdraws from: Individual Retirement Account Other investments Lump sum payout from: Estate & Trust settlements settlements, insurance payout, lottery winnings Interest Income		□ Weekly □ Bi-week □ Monthly □ Yearly	
None			l.	\$
Total				\$
Deductions				
	Deductible Income		Freque	ncy Total
Self-employment IRS Reimbursement for w	miums Disability Premiums  g Accounts n (deductibles)  ut te or trust settlements allowable business expenses		□ Weekly □ Bi-week □ Monthly □ Yearly	ly \$
Percentage of Area Median Income (AMI)				<u>Ψ</u> %
Percentage of Area Median Income (AMI)				

Excluded Income		
Excluded Income	Frequency	Total Amount
Agent Orange Pension Veterans affairs, service_connected_disability Handicapped income (i.e. work programs for the blind or disabled) Title V wages (i.e. senior employment programs) Volunteers in Service to America Stipend (VISTA) Work allowances (work requirement to receive OWF assistance) Income earned by dependent minors Tax refunds/rebates Education assistance (grants stipends for tuition/books) Stipends for foster care Military allowances for subsistence Ohio waiver program (Medicaid benefit for caregiver) Prevention retention and contingency (i.e. emergency services, rental asst.) transportation allowances (WIOA) Proceeds from reverse mortgage FEMA, cash payments Title III Disaster relief emergency assistance	□ Weekly □ Bi-weekly □ Monthly □ Yearly	\$
Expenses		

Expenses		
	Expense Type	Total Monthly Expense amount
Food		\$
Shelter		\$
Child Care		\$
Transportation		\$
Utilities		\$
Total		\$

I certify that this statement is true and correct to the best of my known information necessary for verification purposes.	owledge, and I authorize the release of any or all
Applicant Signature:	Date:
Approved by:	Date: