

APPLICANT INFORMATION

1. Applicant's Name: _____

Applicant Address: _____

Telephone number you can be reached at: _____

2. What type of Housing do you live in? **Single House (No apartments)** **Apartment/Townhouse/Duplex** **Mobile Home**

3. Do you: (Circle One) **OWN/BUYING** (you need proof of homeownership) **RENT** (if you rent you must provide a completed Landlord Affidavit)

If you rent is your heat or electric included in the rent? (Circle One) **HEAT** **ELECTRIC** **BOTH** **NEITHER**

LIST FIRST AND LAST NAME OF EACH HOUSEHOLD MEMBER INCLUDING THE APPLICANT	SEX M/F	BIRTH DATE	RACE use codes listed below	HISPANIC Yes/No	HEALTH INSURANCE use codes listed below	EDUCATION highest level completed	DISABLED Yes/No	VETERAN Yes/No

RACE CODES

HEALTH INSURANCE

- A. American Indian or Alaska Native
- B. Asian
- C. Biracial/Multi-racial
- D. Native Hawaiian or other Pacific Islander

- E. Black or African American
- F. White
- G. Other

- A. Medicaid
- B. Medicare
- C. State Children
- D. State Adult

- E. Employment Based
- F. Military
- G. Direct Purchase
- F. Other

