



### Application for Eligibility

Please fill in all applicable blanks and answer all questions. If you need additional space, use a blank piece of paper and attach it to the application.

Name of Head of Household: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

### I. Household Composition – List everyone who currently lives or will live in your household.

First & Last Name	Date of Birth	Sex (M, F)	Relation to Head	Social Security Number	Race *	Ethnicity (Check one) **
1.			<b>Head</b>			<input type="checkbox"/> H or <input type="checkbox"/> NH
2.						<input type="checkbox"/> H or <input type="checkbox"/> NH
3.						<input type="checkbox"/> H or <input type="checkbox"/> NH
4.						<input type="checkbox"/> H or <input type="checkbox"/> NH
5.						<input type="checkbox"/> H or <input type="checkbox"/> NH
6.						<input type="checkbox"/> H or <input type="checkbox"/> NH

\* Code for Race: 1 –White; 2- African American; 3 -American Indian; 4- Asian; 5-Native Hawaiian/Other South Pacific

\*\* Code for Ethnicity: H-Hispanic or NH-Non-Hispanic

1. List any household member(s) 18 years or older who currently attends school full-time and the name of the school the household member(s) attends: \_\_\_\_\_ Does not apply:

2. List any household member(s) who is disabled: \_\_\_\_\_ Does not apply:

Will the disabled household member(s) require special accommodations due to their disability? If yes, describe accommodation: \_\_\_\_\_ Yes No

3. Do you have a child under the age of 6 who has been tested for lead and was found to have an elevated blood level? If yes, you will need to provide the JCHA with a copy of the test results. \_\_\_\_\_ Yes No

4. Has any household member ever been convicted of a crime (other than a traffic violation)? \_\_\_\_\_ Yes No  
If yes, please explain: \_\_\_\_\_

5. Are you or any member of your household subject to a lifetime registration requirement under any state or federal sex offender registration program? \_\_\_\_\_ Yes No  
If yes, indicate name of household member(s): \_\_\_\_\_

## II. Household Income

Complete each of the income sections below and provide income information for all household members. You will need to provide documentation to verify each type of income your household receives.

- 1. Earned Income** – includes employment and wages of any kind (full-time, part-time, seasonal, self-employment, temporary employment, cash payment). If you work with a temp agency, list below and estimate your pay.

Do you or any household member receive any earned income? Yes  No

Are you or anyone in your household a ten (10) month employee? Yes  No

Name(s) of 10-month employee(s): \_\_\_\_\_

**Required Verification Documents** – Provide two (2) consecutive paystubs, a payroll print-out/summary, or employer letter. For self-employment: provide a copy of your most recent tax return (e.g. 1040, 1040A).

Household Member Name	Employer/Source of Income Information		Amount (\$)/year
	Name:	Phone:	\$
		Fax:	
	Address:		
	Name:	Phone:	\$
		Fax:	
	Address:		
	Name:	Phone:	\$
		Fax:	
	Address:		

## 2. Benefit Income

Does any household member receive:

a. Disability/ Worker's Compensation? Yes  No  c. Welfare/TANF? Yes  No

b. Social Security or SSI? Yes  No  d. Unemployment? Yes  No  e. Food Stamps? Yes  No

**Verification:** Provide an award letter or print-out with current benefit amount.

Household Member Name	Income Type	Amount (\$)	Frequency

## 3. Other Income

Does any household member receive:

a. Alimony/Child Support Yes  No  c. Pension/Retirement? Yes  No

Case number: \_\_\_\_\_ d. Foster Care/Adoption Assistance? Yes  No

b. Cash or help paying bills from friends/family? Yes  No  e. Other Income? Yes  No

**Verification:** Provide a statement/award letter/print-out to show how much you currently receive.

Household Member Name	Source	Source Address & Phone Number	Amount (\$)	Frequency

### III. Assets

Do you or any household member have...?		If yes, provide the following documents as verification:
Checking Account	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>For checking:</b> provide 2 most recent bank statements or 2-month average balance.
Savings Account/Certificate of Deposit (CD)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Most recent bank statement
Retirement Acct (for example, 401K, 403B)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Statement/printout from bank that shows current balance, interest rate, and penalty for early withdrawal of funds
Life Insurance Policy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Document that shows type of policy and cash value
Stocks or Bonds	Yes <input type="checkbox"/> No <input type="checkbox"/>	Statement that you receive from broker
Real Estate	Yes <input type="checkbox"/> No <input type="checkbox"/>	Documentation of the value of the real estate & income you receive from it
Other Assets	Yes <input type="checkbox"/> No <input type="checkbox"/>	Statement of the value and income you receive from asset

If you answered "Yes" to any of the above, please provide more information about the asset(s) below:

Household Member Name	Source	Source Address	Cash Value(\$)	Interest Rate

\*For a checking account, provide the 2-month average balance.

Have you or any household member given away or sold assets (including cash) for less than full value in the last two years? Yes  No

If yes, what was the asset? \_\_\_\_\_

What was the value of the asset? \_\_\_\_\_ How much did you receive for the sale of the asset? \_\_\_\_\_

### IV. Child Care Expenses

**Note: Complete Section IV ONLY IF there are children 12 years or younger in the household.**

In order to be counted as a deduction the childcare must allow an adult member of the household to work, go to school, or search for a job.

Do you have any childcare expenses that are not reimbursed by someone outside your household? Yes No

*Verification: Provide a bill from your childcare provider or a printout from a government agency that shows your current contribution.*

Provider Name, Address & Phone Number	Name(s) of Child(ren)	Name of Person enabled to attend work, school, or job search	Activity Enabled (work, school, or job search)	Cost (\$)	Frequency

## V. Medical Expenses

**Note: Complete Section V ONLY IF the head of household, co-head, or spouse is disabled or at least 62 years old.**

Do you or any household member have any of the following medical expenses?		Amount of Expense (\$)	Frequency of Expense	Estimated Annual Amount (\$)
Prescriptions	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Doctors bills/co-pays	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Insurance Premiums	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Hospital bills	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>			

**Verification:** Provide any printouts or receipts that you have, to support the amount of medical expenses you have on an annual basis.

## VI. Disability Expenses

**Note: Complete Section VI ONLY IF one or more household members is disabled.**

Do you have any expenses for the care of a disabled household member that enable any member of the household to work (for example, care attendant, auxiliary apparatus, or service animal)? Yes  No

**Verification:** Provide bills or printouts showing how much you pay and how frequently.

Describe Expense	Estimated Annual Amount (\$)	Who is enabled to work?

**WARNING! Title 18, Section 1001 of the United States Code:** Whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully— (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years.

**I do hereby swear and attest that all of the information above about my household is true and correct.**

\_\_\_\_\_  
Signature of Head of Household Date

\_\_\_\_\_  
Signature of Spouse/Co-Head/Other Adult (18 years or older) Date

\_\_\_\_\_  
Signature of Other Adult (18 years or older) Date

\_\_\_\_\_  
Signature of Other Adult (18 years or older) Date