

**Personal Information/Address**

Date \_\_\_\_\_

Applicant: \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**Demographics**

Gender: <u>  M  </u> <u>  F  </u>	
Disabling Condition: <u>  Yes  </u> <u>  No  </u> <u>  Unknown  </u>	
Marital Status: <u>  Divorced  </u> <u>  Legally Separated  </u> <u>  Married  </u> <u>  Partner  </u> <u>  Separated  </u> <u>  Single  </u> <u>  Widowed  </u>	
Primary Language: _____	
<b>Household Type:</b>	
Multigenerational Household	Single Person
Non-related Adults with children	Two Adults No Children
Other	Two Parent Household
Single Parent Female	Unknown / not reported
Single Parent Male	
Housing Type: <u>  Homeless  </u> <u>  Homeless by Choice  </u> <u>  Living with friends or family  </u> <u>  Other Permanent Housing  </u> <u>  Own  </u>	
<u>  Rent Subsidized (Hud, Section 8, etc.)  </u> <u>  Rent Unsubsidized  </u> <u>  Transitional/Shelter  </u>	

**Education Highest Grade Completed**

**Military Status:**    **Active**    **Never Served in Military**    **Veteran**

**Health Insurance**    **No**    **Yes**

<b>Direct Purchase</b>	<b>Employment Based</b>	<b>Medicaid</b>	<b>Medicare</b>	<b>Military Health Care</b>	<b>State Children's Health Insurance</b>	<b>State Health Insurance Adult</b>
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**Race:**

<b>Asian</b>	<b>Bi-racial or Multi-racial</b>
<b>Black or African American</b>	<b>Caucasian or White</b>
<b>Hispanic</b>	<b>Native American</b>
<b>Pacific Islander</b>	<b>Unknown</b>

**Ethnicity**

<b>Hispanic, Latin or Spanish Origin</b>	<b>Not Hispanic, Latin or Spanish Origin</b>	<b>Unknown</b>
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**Tribe**

<b>Blackfoot</b>	<b>Catawba</b>	<b>Cherokee</b>
<b>Choctaw</b>	<b>None</b>	<b>Pawnee</b>
<b>Pima</b>	<b>Other:</b>	

**Income:**

Please provide actual monthly dollar amount for all that apply.

Income Source	Income Total	Income Source	Income Total
Alimony or other Spousal Support		Public Assistance	
Black Lung		Rental Income	
Child Support		Retirement Income from Social Security	
Earnings		Royalties	
Educational Assistance		Short Term Disability	
EITC		Social Security Disability Income (SSDI)	
Estate/Trust		State Assistance (IS General)	
Interest/Dividends		Supplemental Security Income (SSI)	
Long Term Disability		TANF	
Non Cash Benefits		Unemployment Insurance	
Other Income Source		VA Non-Service Connected Disability	
Outside Assistance		VA Service Connected Disability	
Pension/Retirement		Veteran's Benefits	
Private Disability Insurance		Worker's Compensation	

Food Stamps \_\_\_\_\_

I have no income to report based on the sources above, but have been meeting my basic living needs (food, shelter, utilities) with contributions from:

Family member \_\_\_\_ Friend \_\_\_\_ Church \_\_\_\_ Nonprofit \_\_\_\_ Other \_\_\_\_

Food	Shelter	Utilities
Total:	Total:	Total:

**Residence****Structure**

Wood	Brick	Masonry	Mobile Home
Multi-Unit	Vinyl Siding	RV	Boat

Home # of Stories \_\_\_\_\_

**Dwelling Type**

Site Built (Single Family)	Multi-Unit	Mobile Home Owner	Doublewide Owner
Modular Home (No wheels)	Duplex	Triplewide Owner	Mobile home Renter
Doublewide Renter	Triplewide Renter		

Do you live in? \_\_\_ City/Town \_\_\_ Rural Area \_\_\_ Suburb

Year of home construction \_\_\_\_\_ If unknown, approximate age \_\_\_\_\_ Monthly Rent/Mortgage \$\_\_\_\_\_

Smokers in household? \_\_\_\_\_ if so how many \_\_\_\_\_

Was dwelling previously Weatherized? \_\_\_ If so when \_\_\_\_\_

**Other Contact**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Other Household Members – complete for each member**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Demographics**

Gender: M \_\_\_\_\_ F \_\_\_\_\_

Disabling Condition: Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

Marital Status: Divorced \_\_\_\_\_ Legally Separated \_\_\_\_\_ Married \_\_\_\_\_ Partner \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_

Primary Language:

**Household Type:**

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Single Parent Female	Unknown / not reported
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Education Highest Grade Completed:

Military Status: \_\_\_ Active \_\_\_ Never Served in Military \_\_\_ Veteran

Health Insurance No \_\_\_\_\_ Yes \_\_\_\_\_

Direct Purchase	Employment Based	Medicaid	Medicare	Military Health Care	State Children's Health Insurance	State Health Insurance Adult
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<b>Tribe</b>		
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Choctaw	None	Pawnee
Pima	Other	

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All information, regarding an applicant or recipient, is confidential and may be disclosed only for purposes of determining eligibility, providing services, or investigating suspected fraud in connection with the program. By signing this application, I authorize the Community Action Agency and South Carolina Office of Economic Opportunity access to my household's fuel/utility/energy records pertaining to the eligibility of the applicant and for the purpose of any reporting required under Federal, State and local statutes, regulations and ordinances.

I, \_\_\_\_\_, certify that all the above information is correct and may be used for household and income verification as well as zero income verification for statistical purposes. I authorize agency employees to contact any former employees and/or social services agencies to verify household income for the past thirty (30) days. I further certify that documentation to verify the same is included in the Applicant's official file/record.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of CAA Staff Member

CAA, its agent, partners and funding sources do not discriminate on the basis of race, color, sex, age, religion, national origin, disability, or marital status. If you, the applicant, feel you were treated unfairly or denied service(s), please notify the agency in your county of residence to appeal and request a fair hearing. Your application will be properly reviewed to determine eligibility based on the required documents provided.

**Other Household Members – complete for each member**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Demographics**

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