

Name of Applicant: _____

Address: _____

RE: _____ **Relationship to HOH:** _____

1. Are you employed full-time, part-time or seasonally? Yes ____ No ____
If so, where _____ How long: _____
2. Do you expect to work for any period during the next twelve (12) Months? Yes ____ No ____
If so, where: _____
3. Do you work for anyone who pays you in cash or do you earn tips? Yes ____ No ____
If so, how much? _____
4. Are you on leave of absence from work due to lay-off, medical, maternity or military leave?
Yes ____ No ____ If so, when do you plan to return? _____
5. Do you receive, or expect to receive unemployment benefits? Yes ____ No ____
6. Do you receive regular cash contributions from individuals not living in your household or from outside agencies? Yes ____ No ____
7. Do you receive child support, alimony, welfare, public assistance, pension or annuity?
Yes ____ No ____ If so, where _____ and how much? _____
8. Do you own or have a vehicle? Yes ____ No ____ Monthly payment \$ _____
Monthly average gas and upkeep \$ _____ How do you pay the above payment/expenses?

9. Do you have a cell phone? Yes ____ No ____ Monthly payment \$ _____
How do you pay for the above expense? _____

Applicant Certification:

I hereby certify that my monthly income from all resources is: \$ _____

By signing this questionnaire, I am certifying that the information submitted is true and correct; and I understand that it is a crime to knowingly provide false information. I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to \$10,000 fine upon conviction.

Signature of Applicant Date

SWORN AND SUBSCRIBED TO BEFORE ME

THIS _____ **DAY OF** _____ **20** _____.

Notary Public _____

Date Commission Expires: _____

NOTE: Section 1001 of Title 18 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.