



Welcome to CAC. Please fill this out to the best of your ability. We look forward to serving you.

### Head of Household Information Page

**First Name:**

**Middle Name:**

**Last Name:**

**Gender:** ☐ Male ☐ Female

**Email Address:** (if no email, enter N/A)

**Relationship to Head of Household:** **HEAD OF HOUSEHOLD**

**Birth Date:**

**Social Security Number:**

Cell Home ( ) -

Cell Home ( ) -

#### Completed Education/Schooling (Age 24+) CHECK ONE

- ☐ 0 to 8th grade
- ☐ 9th to 12th grade / did not graduate high school yet
- ☐ High school graduate
- ☐ GED
- ☐ 12th grade + some more school
- ☐ 2 to 4 year college graduate
- ☐ Graduate School or other Post-Secondary School

#### Are you Disabled? CHECK ONE

- ☐ Yes
- ☐ No

#### Race CHECK ONE

- ☐ American Indian or Alaska native
- ☐ Asian
- ☐ Biracial/Multi-racial
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Other:

#### Ethnicity CHECK ONE

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

#### Job Status (Age 18+) CHECK ONE

- ☐ Full-time job
- ☐ Part-time job
- ☐ Migrant seasonal farm worker
- ☐ Retired
- ☐ Unemployed for more than 6 months
- ☐ Unemployed for 6 months or less
- ☐ Unemployed (not in labor force)

#### In School or Job Training Program? CHECK ONE

- ☐ N/A (under age 14 or in secondary school)
- ☐ No
- ☐ Yes, check: ☐ Full-time or ☐ Part-time

If Yes, list name of school or training program, below:

#### Health Insurance Coverage CHECK ONE

- ☐ None
- ☐ Direct-purchase
- ☐ Military (Tricare, ChampVA)
- ☐ Medicare
- ☐ Medicaid (Medical Assistance)
- ☐ State Children/CHIP (Children's Health Insur. Program)
- ☐ State Adult
- ☐ Employment based (your job provides it)
- ☐ Other

#### Citizenship Status CHECK ONE

- ☐ Citizen
- ☐ Legal Alien
- ☐ Undocumented
- ☐ Decline to Answer

#### Primary Language CHECK ONE

- ☐ English
- ☐ Spanish
- ☐ Native Central American, South American & Mexican
- ☐ Caribbean
- ☐ Middle Eastern & South Asian
- ☐ East Asian
- ☐ Native North American/Alaska Native
- ☐ Pacific Island
- ☐ European & Slavic
- ☐ African
- ☐ Other:

#### Marital Status (age 18+) CHECK ONE

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Domestic Partner
- ☐ Widowed

#### Military Status (age 18+) CHECK ONE

- ☐ Active
- ☐ Never in Military (no affiliation)
- ☐ Veteran



## Household Information Page

Number in Household:

### Family Type CHECK ONE

Extended family  
Multi-generational (grandparents with grandchildren)  
Non-related adults with children  
Single parent/Female  
Single parent/Male  
Single person  
Two adults/No children  
Two parent household  
Foster parent  
Guardian  
Other:

### Housing CHECK ONE

Rent  
Own  
Temporary Quarters  
Homeless  
Other permanent housing  
Other:

### Residence Type CHECK ONE

Apartment/Multi-Family  
Condominium  
Mobile home  
Single family home  
Townhouse  
Other:

### Complete This Section If You Rent

Is your rent reduced through help from HUD or Subsidized Housing (Section 8)? Yes No

If you answered yes to the question above, do you receive Utility Allowance? Yes No

Is your heat included in your rent? Yes No

Landlord's Name/Apartment Complex:

Landlord's Mailing Address:

City:  State:  ZIP Code:

Landlord's Phone Number:  Landlord's Email Address:

### Your Home Address

Street:  Unit #:

City:   ZIP Code:

Mailing address if different from the home address listed above

Check if Howard County Resident for the last 6 months ☐

### Please Check the Programs For Which You Are Applying:

(Name of child/children applying, below)

Energy Assistance      Head Start/Early Childhood Education >   
Housing Assistance      Weatherization Assistance  
Food Assistance      SNAP Benefits (Supplemental Nutrition Assistance Program)

How did you hear about us?

### Application Certification:

I certify that the information I have provided is true and correct. I understand that misinformation or refusal to disclose information, which is essential for a determination of eligibility is a basis for disapproval of my application. Also, I hereby authorize Community Action Council of Howard County to verify/obtain any information and documentation, which will assist in determining my eligibility for assistance.



Applicant Signature  Date



## Household Income Page

Provide the gross income (before taxes) for each household member with income, for all income sources, for the last 30 days.

	Print Name:	Print Name:	Print Name:	Print Name:
<b>INCOME SOURCE(S)</b>				
<b>EMPLOYMENT:</b>				
Full Time Job	\$	\$	\$	\$
Paid in Cash	\$	\$	\$	\$
Part Time Job	\$	\$	\$	\$
Self Employed	\$	\$	\$	\$
<b>BENEFIT:</b>				
Long Term Disability	\$	\$	\$	\$
Short Term Disability	\$	\$	\$	\$
Veteran Benefits	\$	\$	\$	\$
<b>OTHER:</b>				
~ No Income ~	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Support / Alimony	\$	\$	\$	\$
Gift	\$	\$	\$	\$
Interest	\$	\$	\$	\$
Other	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSDI	\$	\$	\$	\$
SSI	\$	\$	\$	\$
TANF	\$	\$	\$	\$
TCA/Temp. Cash Assistance	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$

<b>OTHER NON-CASH BENEFITS (check all that apply):</b>	
Affordable Care Act (ACA) Subsidy	<input type="checkbox"/>
Childcare Voucher/Purchase of Care Subsidy	<input type="checkbox"/>
Food Stamps/SNAP (Supplemental Nutrition Assistance Program)	<input type="checkbox"/>
Housing Choice Voucher	<input type="checkbox"/>
HUD-VASH (Veterans Housing)	<input type="checkbox"/>
Maryland Energy Assistance (EUSP, OHEP, MEAP, LIHEAP)	<input type="checkbox"/>
Permanent Supportive Housing	<input type="checkbox"/>
Public Housing	<input type="checkbox"/>
WIC (Women, Infants & Children)	<input type="checkbox"/>
Other	<input type="checkbox"/>



Fill one out for each additional member in your household.

Head of Household Name:

**Additional Household Member Information Page**

**First Name:**

**Middle Name:**

**Last Name:**

**Gender:** ☐ Male ☐ Female

**Email Address** (if age 21 or over):

**Relationship to Head of Household:**

**Birth Date:**

**Social Security Number:**

**Mobile Phone** (if age 21+):  
(  )  -

**Completed Education/Schooling (Age 24+) CHECK ONE**

- ☐ 0 to 8th grade
- ☐ 9th to 12th grade / did not graduate high school yet
- ☐ High school graduate
- ☐ GED
- ☐ 12th grade + some more school
- ☐ 2 to 4 year college graduate
- ☐ Graduate School or other Post-Secondary School

**Are you Disabled? CHECK ONE**

- ☐ Yes
- ☐ No

**Race CHECK ONE**

- ☐ American Indian or Alaska native
- ☐ Asian
- ☐ Biracial/Multi-racial
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Other:

**Ethnicity CHECK ONE**

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

**Job Status (Age 18+) CHECK ONE**

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- ☐ Retired
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- ☐ Unemployed for 6 months or less
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**Citizenship Status CHECK ONE**

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**Primary Language CHECK ONE**

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