

Preferred Language (optional):

MEMBER INFORMATION DOCUMENT

Complete one form for each member of the household, regardless of age. Any household member under the age of 18 and not emancipated must have a form completed and signed by a parent/guardian in the household. Please provide your full, legal name as it appears on your legal identification document. (Ex. Driver's License, Government Issued ID, etc.).

Full Legal Name: Courtney Dachel Smith

First Name Middle Name Last Name

Optional Information:

Driver's License # / State ID #: 7350041700 State Issued: IN

Date of Birth: 9/10/1989 Gender: ☒ Female ☐ Male ☐ Decline to Disclose

☐ Check box if member is an emancipated minor.

Social Security Number (SSN): 313-06-1295 (If you do not have a SSN please enter 999-99-9999)

Complete Part A and Part B (as applicable), then sign and date the form.

Part A: This section is optional to household members who are foster children, foster adults, or live-in aides.

1. Student Status: ☐ Full-Time Student ☐ Part-Time Student ☒ Not a Student

2. Marital Status (optional): Single

Part B: Complete this section if the member is under 18 years old and not emancipated:

1. Will this member live in the unit at least 50% of the time? ☐ Yes ☐ No

2. Will this member live with both parents in the unit? ☐ Yes ☐ No \*

\*If you answered No, please complete a Child Support Self-Certification.

3. Name of the parent/guardian who will sign paperwork on this member's behalf:

MEMBER SIGNATURE REQUIRED:

I hereby certify the information provided above is accurate and complete to the best of my knowledge.

Member Signature Printed Name Date

Courtney Dachel Smith Courtney Dachel Smith 06/05/2025

☐ Check here if an adult signed for a child.

Preferred Language (optional):

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Full Legal Name: Cori Lamar Smith  
First Name Middle Name Last Name

### Optional Information:

Driver's License # / State ID #: State Issued:

Date of Birth: 9/14/2008 Gender: ☐ Female ☒ Male ☐ Decline to Disclose  
☐ Check box if member is an emancipated minor.

Social Security Number (SSN): 314-33-3255 (If you do not have a SSN please enter 999-99-9999)

### Complete Part A and Part B (as applicable), then sign and date the form.

**Part A:** This section is optional to household members who are **foster children, foster adults, or live-in aides.**

1. Student Status: ☒ Full-Time Student ☐ Part-Time Student ☐ Not a Student

2. Marital Status (optional): Single

**Part B:** Complete this section if the member is **under 18 years old and not emancipated:**

1. Will this member live in the unit at least 50% of the time? ☒ Yes ☐ No


2. Will this member live with both parents in the unit? ☐ Yes ☒ No \*

\*If you answered **No**, please complete a **Child Support Self-Certification**.

3. Name of the parent/guardian who will sign paperwork on this member's behalf: Courtney Dachel Smith

### MEMBER SIGNATURE REQUIRED:

I hereby certify the information provided above is accurate and complete to the best of my knowledge.

Member Signature	Printed Name	Date
	Courtney Dachel Smith	02/05/2025

☒ Check here if an adult signed for a child.



Section 1001 of Title 18 of U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

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Full Legal Name: Camryn Lee White

First Name Middle Name Last Name

Optional Information:

Driver's License # / State ID #: State Issued:

Date of Birth: 7/8/2013 Gender: Female Male Decline to Disclose

Check box if member is an emancipated minor.

Social Security Number (SSN): 705-79-8482 (If you do not have a SSN please enter 999-99-9999)

Complete Part A and Part B (as applicable), then sign and date the form.

Part A: This section is optional to household members who are foster children, foster adults, or live-in aides.

1. Student Status: Full-Time Student Part-Time Student Not a Student

2. Marital Status (optional): Single

Part B: Complete this section if the member is under 18 years old and not emancipated:

1. Will this member live in the unit at least 50% of the time? Yes No

2. Will this member live with both parents in the unit? Yes No \*

\*If you answered No, please complete a Child Support Self-Certification.

3. Name of the parent/guardian who will sign paperwork on this member's behalf: Courtney Dachel Smith

MEMBER SIGNATURE REQUIRED:

I hereby certify the information provided above is accurate and complete to the best of my knowledge.

Member Signature Printed Name Date

Courtney Dachel Smith Courtney Dachel Smith 06/05/2025

Check here if an adult signed for a child.



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## INCOME & ASSET QUESTIONNAIRE

**For Office Use Only:**
**Certification Effective Date:**

This document reflects the sources of income &amp; assets received by:

7/21/2025

☐ **Individual Member:** \_\_\_\_\_

☒ **All Members**

*If selected, each adult (excluding Live-In Aides and Fosters) must complete a separate Income & Asset Questionnaire, even if the adult has zero income.*

OR

*If selected, one Income & Asset Questionnaire must be completed to reflect all income and asset sources within the household.*

### INCOME CHECKLIST

Identify all current and anticipated sources of income below. Include income received by minors in your care, excluding foster children. Any information provided is subject to verification.

<b>1. Employment Wages/Salaries</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Including, but not limited to, regular, overtime, shift differential, tips, bonuses, commissions, and seasonal employment.</i>	<b>11. Military Pay</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Including, but not limited to, basic pay, active duty pay, drill pay, IDP, HDIP, Basic Allowance for Housing.</i>
<b>2. Self-Employment</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Including, but not limited to, digital income sources such as app-based driving services, e-commerce sales, day trading, and video-based platforms.</i>	<b>12. Payments from Retirement Accounts</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Include amounts received from periodic payments and/or Required Minimum Distributions (RMD).</i>
<b>3. Public Assistance</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Including, but not limited to, TANF, GA, AFDC, Cash Assistance, and other state-specific benefits. Do not count food stamps or medical assistance.</i>	<b>13. Social Security Income</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Including Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI).</i>
<b>4. Payments from Annuities or Life Insurance Policies</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>14. Supplemental Security Income (SSI) or State Supplemental Payments (SSP)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>5. Disability Benefits</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>15. Veterans Benefits</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>6. Recurring Monetary Contributions</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Including, but not limited to, recurring assistance with paying rent, bills, or regular monetary gifts from individuals not living in the unit. Do not include non-monetary/in-kind donations and gifts received for holidays, birthdays, or other significant life events or milestones.</i>	<b>16. Student Financial Assistance</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Including a grant or scholarship received from the Federal government; a State, Tribe, or local government; a private foundation registered as a nonprofit under 26 U.S.C. 501(c)(3); a business entity; or an institution of higher education.</i>
<b>7. Payments from Pensions</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>17. Unemployment Benefits</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>8. Payments from Indian Trusts</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>18. Death Benefits</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>9. Alimony / Spousal Support</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>19. Child Support</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>10. Adoption Assistance Payments</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>20. Other Income:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list source(s):





## ASSET CHECKLIST

Identify assets you own below, but exclude retirement plans (*recognized as such by the IRS*) and Family Self-Sufficiency (FSS) Escrow Accounts. Include assets owned by minors in your care, excluding foster children.  
Any information provided is subject to verification.

<b>1. Checking Account</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>2. Savings Account</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Do not include qualified Education Savings Accounts or ABLE Accounts.</i>  <b>3. Prepaid Debit Card</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Including, but not limited to, prepaid cards, reloadable cards, and cash cards used to receive government benefits or other income. (e.g. Direct Express, Reliacard, Netspend)</i>  <b>4. Life Insurance Policy</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Do not include term life insurance policies.</i>  <b>5. Annuities</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>6. Certificate of Deposit (CD) Account</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>7. Real Estate / Real Property</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>8. Cash</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Include any cash that is held as savings. Only include cash that has not been invested in any of the accounts reported on this form.</i>	<b>9. Internet Based Assets</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Including, but not limited to, funds held in online payment accounts such as Venmo, CashApp, AppleCash, Google Pay, Samsung Pay, PayPal, etc.</i>  <b>10. Stocks / Bonds</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Do not include stocks or bonds invested in retirement accounts or "baby bond" accounts created, authorized, or funded by Federal, State, or local government.</i>  <b>11. Brokerage Account</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>12. Cryptocurrency</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Including, but not limited to, Bitcoin (BTC), Ethereum (ETH), Tether (USDT), Ripple (XRP), etc.</i>  <b>13. Money Market Account</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>14. Non-Account Based</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Include any non-necessary personal items held as an investment. Do not include necessary personal items.</i>  <b>15. Other Asset(s):</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list source(s):
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### Assets Disposed Of For Less Than Fair Market Value

**16.** I/We hereby certify that I/we ☐ HAVE ☒ HAVE NOT sold or given away assets for less than their fair market value within the last 2 years. (*Excluding items lost in bankruptcy, divorce, or foreclosure*)

**If Applicable:** Identify all assets sold or disposed of for less than fair market value in the last 2 years.

Member Name	Asset Description	Market Value	Date Disposed	Amount Received

