

HOUSEHOLD INFORMATION REQUEST

_____ has applied for, or is receiving benefits from state programs. The above mentioned person has given your name as a contact, to verify his/her eligibility. Please answer the following questions completely and to the best of your knowledge. It is important that we receive this information as soon as possible.

What is this person's address? _____

List each person who lives in the home of this person and how they are related:

Name	Relationship to Person Listed Above	Name	Relationship to Person Listed Above

Is this person:

Married? Yes____ No____

Divorced? Yes____ No____

Separated? Yes____ No____

Is this person or anyone in the household receiving money from social security, SSI, or any other source? Yes____ No____

If so, what? _____ How much? _____.

Does this person receive child support from the father/mother of the children? Yes____ No____

If so, how much? _____ How often? _____

Is this person employed? Yes____ No____ If yes, where? _____

Has he/she ever been employed? Yes____ No____ If yes, where? _____

WARNING: Any person who aids another person to obtain assistance (or benefits) fraudulently is subject to penalties provided by Kentucky Revised Statute (KRS) 194.505 (7), KRS 194.990 and federal law, including fines, imprisonment or both.

Signature_____ Date _____

Printed Name_____ Phone_____

Address_____