

Household Information

Address: _____ Phone: _____

Annual Household
Income

Do you receive income from any of these?

Income Verification
(Office Use Only)

\$ _____ ☐ CalWorks ☐ Medi-Cal ☐ General Assist. ☐ Other ☐ W2 ☐ Paystub
☐ Food Stamps ☐ Social Sec. ☐ Disability ☐ Award Letter ☐ Other

Household Members

Full Name: _____ Birthdate: _____ Annual Income: _____

Gender: ☐ Male ☐ Female ☐ Head of House ☐ Homeless ☐ Disabled ☐ Veteran
House Role: ☐ Father ☐ Mother ☐ Child ☐ Grand Parent ☐ Dom. Partner ☐ Other
Race: ☐ Non-Hispanic ☐ Hispanic
Ethnicity: ☐ White ☐ Asian ☐ Asian & White ☐ Native Hawaiian/
Pacific Islander ☐ Other or Multi- Racial
☐ Black/African American ☐ Black/African American & White ☐ American Indian/
Alaska Native ☐ American Indian/
Alaska Native & White ☐ American Indian/
Alaska Native & Black

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