



Additional Household Members Page

	5th Resident	6th Resident	7th Resident	8th Resident
First & Last Name				
Social security #				
Date of Birth				
Gender				
Ethnicity (optional)				
Are you a Veteran?	YES NO	YES NO	YES NO	YES NO
Health Insurance	YES NO	YES NO	YES NO	YES NO
Current Student Last grade completed:	YES NO	YES NO	YES NO	YES NO
For all areas below selected "Yes" you will need to provide copies of all required income documentation showing proof of income for previous 30 days. Please see application guide for info.				
Currently Employed?	YES NO	YES NO	YES NO	YES NO
Pay Frequency?	Weekly Bi-weekly Monthly	Weekly Bi-weekly Monthly	Weekly Bi-weekly Monthly	Weekly Bi-weekly Monthly
Receiving Unemployment?	YES NO	YES NO	YES NO	YES NO
Self-Employed?	YES NO	YES NO	YES NO	YES NO
Are You Disabled?	YES NO	YES NO	YES NO	YES NO
Receiving Social Security, SSI or SSDI?	YES NO	YES NO	YES NO	YES NO
Do you pay for Medicare? Part D prescription plan?	Medicare \$_____ Prescription \$_____	Medicare \$_____ Prescription \$_____	Medicare \$_____ Prescription \$_____	Medicare \$_____ Prescription \$_____
Receiving Food Stamps?	YES NO	YES NO	YES NO	YES NO
Receiving Pension, VA benefits or Annuities?	YES NO	YES NO	YES NO	YES NO
Withdrew from IRA/401K within one year?	YES NO	YES NO	YES NO	YES NO
Child Support? (If both parents are not in the household a form must be completed)	YES – paying YES – receiving NO	YES – paying YES – receiving NO	YES – paying YES – receiving NO	YES – paying YES – receiving NO
If any other income, what type and how often?				