

## **GENERAL APPLICATION**

OFFICE LOCATION:	hicago $\subset$	) Gary	) Hammond	Michigan City		
HEAD OF HOUSEHOLD IDENTIFICATION (CT: Identification Tab)						
First Name:	Middle Name:		Last Name:			
Maiden Name:	Date of Birth:	/ /	SSN:			
Email Address:						
Street Address:						
City:		Zip Code	::			
Phone Number: ()	_	Alt. Phone Number: ()				
Type: OHome OWork	Type:					
HEAD OF HOUSEHOLD DEMOGRA	PHICS			(CT: Demographics Tab)		
Gender: Male Female		○ N	ispanic/Latino on-Hispanic/Latino ecline to provide info	ormation		
Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander Multi-Racial, please list: White Decline to provide information		Highest Level of Education Attained:  College Degree or higher  High School Diploma or GED  Incomplete High School Diploma				
Marital Status: Single Marrie	d ODivorced	) Widowed				
DISABLED:  YES NO Employment Status  Full-Time Unemployed	ime	Veteran:  if yes, please indica	YES NO	anch:		
By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge. I understand that if I am accepted as a client, any false statements, omissions, or other misrepresentations made by me on this application may result in a termination of services.						
Client Signature		Dat	te			



CO-HEAD OF HOUSEHOLDS IDENT	TIFICATION AND DEM	<b>10GRAPHICS</b>	(CT: Identification Tab)
First Name:	Middle Name:		Last Name:
Maiden Name:	Date of Birth: /	/	SSN:
Phone: () Type:	Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander Multi-Racial: Please list White Decline to provide information		Ethnicity:  Hispanic/Latino Non-Hispanic/Latino Decline to provide Information
Highest Level of Education Attained:	DISABLED:		Veteran: YES NO
College Degree or higher	○YES ○ NO		if yes, please indicate which military branch:
<ul><li>High School Diploma or GED</li></ul>	Employment Status		
Incomplete High School Diploma	<ul><li>○Full-Time</li><li>○ Unemployed</li></ul>	OPart-Time	
ADDITIONAL HOUSEHOLD MEMB	ER INFORMATION:		
Please complete the following information	n for all household memb	ers:	
Name:		Relationship:	
Gender:		Date of Birth:	J
SSN:			
Ethnicity:			lack or African American ative Hawaiian or another Pacific Islander
Name:		Relationship:	
Gender:		Date of Birth:	
SSN:			
Ethnicity:		○ As ○ BI ○ N: ○ W	lack or African American ative Hawaiian or another Pacific Islander

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Name:	Relationship:
Gender:	Date of Birth:/
SSN:	
Ethnicity:	Race:  American Indian or Alaska Native Asian Black or African American Native Hawaiian or another Pacific Islander White Multi-Racial: Please list:
Name:	Relationship:
Gender:	Date of Birth:/
SSN:	
Ethnicity:	Race:  American Indian or Alaska Native Asian Black or African American Native Hawaiian or another Pacific Islander White Multi-Racial: Please list:
Name:	Relationship:
Gender:	Date of Birth:/
SSN:	
	Race:  American Indian or Alaska Native Asian Black or African American Native Hawaiian or another Pacific Islander White Multi-Racial: Please list:
client, any false statements, omissions, or other misrepresentations made b	y me on this application may result in a termination of services.
Client Signature	Date



## **INCOME/EXPENSE WORKSHEET**

HEAD OF HOUSEHOLD IDENTIF	ICATION	(CT: Income/Expense Tab)		
First Name:	Middle Name:	Li	ast Name:	
Date of Birth: / /	·	SSN:		
INCOME CATEGORY	MONTHLY AMOUNT	EXPENSE CATEGORY	MONTHLY AMOUNT	
Wages	\$	Rent/Mortgage	\$	
Unemployment	\$	NIPSCO	\$	
Sick Benefits	\$	Water	\$	
Pension	\$	Sewer	\$	
Social Security	\$	Trash	\$	
S.S. Disability	\$	Rent/Home Insurance	\$	
A.F.D.C./TANF	\$	Phone	\$	
Trustee Assistance	\$	Internet	\$	
Food Stamps	\$	Cable	\$	
Child Support	\$	Cellular Phone	\$	
Foster Care	\$	Medical	\$	
Other:	\$	Property Taxes	\$	
Other:	\$	Car Note Payment	\$	
Other:	\$	Car Insurance	\$	
Other:	\$	Furniture Payment	\$	
Other:	\$	Credit Card(s)	\$	
Other:	\$	Child Support	\$	
Other:	\$	Other:	\$	
TOTAL MONTHLY INCOME	\$	TOTAL MONTHLY EX	PENSES \$	

ADDITIONAL HOUSEHOLD MEMBER INFORMATION:						
Name:						
Income Sources (che	ck all that apply	and include monthly	amount):			
	\$	p/month		\$	_ p/month	
○ SS	\$	_p/month	○ SI	\$	_ p/month	
○ SSD	\$	p/month	○ PENSION	\$	_p/month	
○ EMPLOYMENT	\$	_p/month	○ UNEMPLOYMENT	\$	_p/month	
○ CHILD SUPPORT	\$	p/month	O FOOD STAMPS	\$	_ p/month	
O WORKERS COMP.	DISABILITY \$	p/month				
Name:						
Income Sources (check all that apply and include monthly amount):						
	\$	p/month		\$	_ p/month	
$\bigcirc$ SS	\$	_p/month	○ SI	\$	_ p/month	
○ SSD	\$	p/month	○ PENSION	\$	_p/month	
○ EMPLOYMENT	\$	_p/month	○ UNEMPLOYMENT	\$	_p/month	
○ CHILD SUPPORT	\$	p/month	O FOOD STAMPS	\$	_p/month	
O WORKERS COMP.	DISABILITY \$	p/month				

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Name:					
Income Sources (che	ck all that apply	and include mor	nthly amount):		
○ TANF	\$	_ p/month	MEDICAID	\$p/month	ı
○SS	\$	_ p/month	SI	\$p/month	n
○SSD	\$		PENSION	\$p/month	1
EMPLOYMENT	\$			\$p/month	
CHILD SUPPORT	\$	p/month	O FOOD STAMPS	\$p/month	
WORKERS COMP.			onth		
Name:					
Income Sources (che				A	
○ TANF	\$		MEDICAID	\$p/month	
○SS	\$		○ SI	\$p/month	
○ SSD	\$	_ p/month	O PENSION	\$ p/month	
○ EMPLOYMENT				\$ p/month	
CHILD SUPPORT				\$ p/month	1
○ WORKERS COMP.	/DISABILITY \$_	p/mo	onth		
Name:					
Income Sources (che	ck all that annly	and include mor	nthly amount).		
TANF			•	\$p/month	,
SS	\$ \$	_ p/month	SI	\$p/month	
SSD	٠ د	_ p/month	O PENSION	\$p/month	<u>'</u>
	\$	_ p/111011t11	_	\$p/month	
○ EMPLOYMENT			_	\$p/month	
CHILD SUPPORT			O FOOD STAMPS	\$p/month	ו
○ WORKERS COMP.	/DISABILITY \$_	p/mo	onth		
Name:					
Income Sources (che	ck all that apply	and include mo	nthly amount):		
○ TANF	\$		○ MEDICAID	\$p/month	1
SS	\$		SI	\$p/month	
○SSD	\$	<del>-</del> •		\$p/month	
○ EMPLOYMENT			_		
$\circ$			○ UNEMPLOYMENT		
CHILD SUPPORT		- :	O FOOD STAMPS	\$p/month	1
○ WORKERS COMP.	/DISABILITY \$_	p/mo	ontn		
Have you received a	ssistance from a	any other Agency	○ Yes ○ No		
Trave you received a	SSISTAILCE HOITE	my other Agency	O 103 O 140		
If yes, please name a	igency:				
By submitting this app	lication, I affirn	n that the facts se	et forth in it are true and co	omplete to the best of m	y knowledge. I
			statements, omissions, or o		
application may result	•	•	•	•	•
Client Signature	<del></del>		————— Date		<del></del>
S. S			Date		
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## Client's Plan to be completed by Catholic Charities Staff Member

1)	What were the circumstances that caused client to fall behind in your rent and/or utility payments?	
2)	What is the future plan to help with monthly expenses?	