

Is one member of your household a United States citizen or eligible non-citizen?
Yes or No

Marital Status of Head of Household:

- Married Divorced Separated Unmarried Widow

Education of Head of Household:

- Some High School High School Diploma GED Some college
 Associate's degree Bachelor's degree Graduate degree Doctoral degree

Household Characteristics:

- Female-headed single parent Married with dependents Single adult
 Two or more unrelated adults Other

Preferred Language:

- English Spanish Other (please specify): _____

TOTAL HOUSEHOLD INCOME: Include all money earned or received by every member (age 18 and older) who will be living in the household. This includes money from wages, self-employment, Unemployment compensation, child support, regular in-kind or cash gifts, Social Security (include Social Security Disability for everyone in the household, **including anyone under the age of 18**), disability payments, Workman's Compensation, retirement benefits, TANF, Veterans benefits, alimony, rental income, mortgage or loan income, trust funds, interest income from assets, settlements within the past 2 years, and all other sources. Exclude earned income by members under 18 or still in high school. Note: If no income, indicate zero or your application will be returned to you.

CALCULATE TOTAL ANNUAL HOUSEHOLD INCOME BEFORE TAXES OR DEDUCTIONS

Household member	Source of Income	Monthly Gross Income	Monthly Net Income (after taxes)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL YEARLY HOUSEHOLD INCOME		_____	

CALCULATE TOTAL HOUSEHOLD ASSETS (checking/savings account, retirement account, etc.)

Name of household member	Type of Asset	Current Value
_____	_____	_____
_____	_____	_____

TOTAL HOUSEHOLD ASSETS _____

Employment Information – Primary Household Member

Self-employed

Company Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip

Code: _____

Phone #: _____

How long employed: _____ Employment start date:

Month: _____ Day: _____ Year: _____

Job Title: _____ Previous

Employer: _____

Employment Status (select one):

- Full-time Part-time Unemployed/looking for work Unable to work due to disability
 Stay-at-home caregiver/parent Retired Student Employed Full-time and Student
 Employed part-time and student Other _____

Employment Information – Secondary Household Member

Self-employed

Company Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip

Code: _____

Phone #: _____

How long employed: _____ Employment start date: Month: _____ Day: _____ Year: _____

Job Title: _____

Previous Employer: _____

Employment Status (select one):

- Full-time Part-time Unemployed/looking for work Unable to work due to disability
 Stay-at-home caregiver/parent Retired Student Employed Full-time and Student
 Employed part-time and student Other _____

Have you received any non-cash benefits over the past 30 days? _____

- Food Stamps _____ MEDICAID _____ SCHIP _____
 TANF _____ MEDICARE _____ VA Medical Services
 Section 8 (housing voucher) _____ WIC _____
 Other Source _____

Veteran Status

Have you or any member of your household served in the U.S. Military? Yes or No

If yes, which branch? _____

ACKNOWLEDGEMENTS & CERTIFICATION:

I understand that Social Security numbers and proof of identification, including citizenship or eligible immigration status, will be required at time of final determination. **It is strongly urged that I obtain social security cards and birth certificates for all members of the household immediately.** Eligibility will be delayed if all documents cannot be presented at time of final determination.

I hereby certify that the information in this application is correct and complete to the best of my knowledge and may be used for the purpose of verification. I fully understand that this is not a contract and does not bind either party. I understand false information will constitute grounds for cancellation of this application.

Signature of Head of Household

Date

Non-Discrimination Policy: All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, disability, national origin or source of income.

WARNING: Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Departments or Agencies of the United States.

(Application continued on next page)

FOR STATISTICAL PURPOSES ONLY:

Please identify your race and ethnicity by checking one box in each of the two categories below:

Race of Head of Household:

- White
- Black or African American
- American Indian/Alaskan Native
- Asian
- Pacific Islander/Native Hawaiian
- Other

Ethnicity of Head of Household:

- Hispanic or Latino
- Non-Hispanic or Latino

Return your completed application to:

Pa. Interfaith Community Programs, Inc.

40 E. High Street

Gettysburg, PA 17325

ProjectNewStart@adamscha.org

Phone: 717-334-1518 x200

Fax: 717-334-8326

