

# GENERAL APPLICATION

OFFICE LOCATION:     East Chicago     Gary     Hammond     Michigan City

HEAD OF HOUSEHOLD IDENTIFICATION <span style="float: right;">(CT: Identification Tab)</span>		
First Name:	Middle Name:	Last Name:
Maiden Name:	Date of Birth:    /    /	SSN:
Email Address:		
Street Address:		
City:	State:	Zip Code:
Phone Number: (____) ____ - ____		Alt. Phone Number: (____) ____ - ____
Type: <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell		Type: <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell
HEAD OF HOUSEHOLD DEMOGRAPHICS <span style="float: right;">(CT: Demographics Tab)</span>		
Gender: <input type="radio"/> Male <input type="radio"/> Female	Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Latino <input type="radio"/> Decline to provide information	
Race: <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> Multi-Racial, please list: _____ <input type="radio"/> White <input type="radio"/> Decline to provide information	Highest Level of Education Attained: <input type="radio"/> College Degree or higher <input type="radio"/> High School Diploma or GED <input type="radio"/> Incomplete High School Diploma	
Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed		
DISABLED: <input type="radio"/> YES <input type="radio"/> NO Employment Status <input type="radio"/> Full-Time <input type="radio"/> Part-Time <input type="radio"/> Unemployed	Veteran: <input type="radio"/> YES <input type="radio"/> NO <i>if yes, please indicate which military branch:</i> _____	
<p>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.</p> <p>_____ Client Signature</p> <p>_____ Date</p>		

**CO-HEAD OF HOUSEHOLDS IDENTIFICATION AND DEMOGRAPHICS (CT: Identification Tab)**

First Name:	Middle Name:	Last Name:
Maiden Name:	Date of Birth:     /     /	SSN:
Phone Number: (____) ____ - ____  Type: <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell	Race: <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> Multi-Racial: Please list: _____ <input type="radio"/> White <input type="radio"/> Decline to provide information	Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Latino <input type="radio"/> Decline to provide Information
Highest Level of Education Attained: <input type="radio"/> College Degree or higher <input type="radio"/> High School Diploma or GED <input type="radio"/> Incomplete High School Diploma	DISABLED: <input type="radio"/> YES <input type="radio"/> NO Employment Status <input type="radio"/> Full-Time <input type="radio"/> Part-Time <input type="radio"/> Unemployed	Veteran: <input type="radio"/> YES <input type="radio"/> NO <i>if yes, please indicate which military branch:</i> _____

**ADDITIONAL HOUSEHOLD MEMBER INFORMATION:**

Please complete *the following information for all household members:*

Name:	Relationship:
Gender: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth: ____/____/____
SSN:	
Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Latino	Race: <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or another Pacific Islander <input type="radio"/> White <input type="radio"/> Multi-Racial: Please list: _____
Name:	Relationship:
Gender: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth: ____/____/____
SSN:	
Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Latino	Race: <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or another Pacific Islander <input type="radio"/> White <input type="radio"/> Multi-Racial: Please list: _____

Name:	Relationship:
Gender: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth: ____/____/____
SSN:	
Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Latino	Race:  <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or another Pacific Islander <input type="radio"/> White <input type="radio"/> Multi-Racial: Please list: _____
Name:	Relationship:
Gender: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth: ____/____/____
SSN:	
Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Latino	Race:  <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or another Pacific Islander <input type="radio"/> White <input type="radio"/> Multi-Racial: Please list: _____
Name:	Relationship:
Gender: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth: ____/____/____
SSN:	
Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Latino	Race:  <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or another Pacific Islander <input type="radio"/> White <input type="radio"/> Multi-Racial: Please list: _____

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\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

## INCOME/EXPENSE WORKSHEET

HEAD OF HOUSEHOLD IDENTIFICATION		(CT: Income/Expense Tab)	
First Name:		Middle Name:	Last 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:	\$ _____
<b>TOTAL MONTHLY INCOME</b>	\$ _____	<b>TOTAL MONTHLY EXPENSES</b>	\$ _____

ADDITIONAL HOUSEHOLD MEMBER INFORMATION:	
Name: _____	
Income Sources (check all that apply and include monthly amount):	
<input type="radio"/> TANF                    \$ _____ p/month	<input type="radio"/> MEDICAID            \$ _____ p/month
<input type="radio"/> SS                            \$ _____ p/month	<input type="radio"/> SI                            \$ _____ p/month
<input type="radio"/> SSD                         \$ _____ p/month	<input type="radio"/> PENSION             \$ _____ p/month
<input type="radio"/> EMPLOYMENT         \$ _____ p/month	<input type="radio"/> UNEMPLOYMENT    \$ _____ p/month
<input type="radio"/> CHILD SUPPORT      \$ _____ p/month	<input type="radio"/> FOOD STAMPS      \$ _____ p/month
<input type="radio"/> WORKERS COMP./DISABILITY \$ _____ p/month	
Name: _____	
Income Sources (check all that apply and include monthly amount):	
<input type="radio"/> TANF                    \$ _____ p/month	<input type="radio"/> MEDICAID            \$ _____ p/month
<input type="radio"/> SS                            \$ _____ p/month	<input type="radio"/> SI                            \$ _____ p/month
<input type="radio"/> SSD                         \$ _____ p/month	<input type="radio"/> PENSION             \$ _____ p/month
<input type="radio"/> EMPLOYMENT         \$ _____ p/month	<input type="radio"/> UNEMPLOYMENT    \$ _____ p/month
<input type="radio"/> CHILD SUPPORT      \$ _____ p/month	<input type="radio"/> FOOD STAMPS      \$ _____ p/month
<input type="radio"/> WORKERS COMP./DISABILITY \$ _____ p/month	

Name: _____	
Income Sources (check all that apply and include monthly amount):	
<input type="radio"/> TANF            \$ _____ p/month	<input type="radio"/> MEDICAID        \$ _____ p/month
<input type="radio"/> SS                 \$ _____ p/month	<input type="radio"/> SI                  \$ _____ p/month
<input type="radio"/> SSD                \$ _____ p/month	<input type="radio"/> PENSION         \$ _____ p/month
<input type="radio"/> EMPLOYMENT    \$ _____ p/month	<input type="radio"/> UNEMPLOYMENT \$ _____ p/month
<input type="radio"/> CHILD SUPPORT \$ _____ p/month	<input type="radio"/> FOOD STAMPS    \$ _____ p/month
<input type="radio"/> WORKERS COMP./DISABILITY \$ _____ p/month	
Name: _____	
Income Sources (check all that apply and include monthly amount):	
<input type="radio"/> TANF            \$ _____ p/month	<input type="radio"/> MEDICAID        \$ _____ p/month
<input type="radio"/> SS                 \$ _____ p/month	<input type="radio"/> SI                  \$ _____ p/month
<input type="radio"/> SSD                \$ _____ p/month	<input type="radio"/> PENSION         \$ _____ p/month
<input type="radio"/> EMPLOYMENT    \$ _____ p/month	<input type="radio"/> UNEMPLOYMENT \$ _____ p/month
<input type="radio"/> CHILD SUPPORT \$ _____ p/month	<input type="radio"/> FOOD STAMPS    \$ _____ p/month
<input type="radio"/> WORKERS COMP./DISABILITY \$ _____ p/month	
Name: _____	
Income Sources (check all that apply and include monthly amount):	
<input type="radio"/> TANF            \$ _____ p/month	<input type="radio"/> MEDICAID        \$ _____ p/month
<input type="radio"/> SS                 \$ _____ p/month	<input type="radio"/> SI                  \$ _____ p/month
<input type="radio"/> SSD                \$ _____ p/month	<input type="radio"/> PENSION         \$ _____ p/month
<input type="radio"/> EMPLOYMENT    \$ _____ p/month	<input type="radio"/> UNEMPLOYMENT \$ _____ p/month
<input type="radio"/> CHILD SUPPORT \$ _____ p/month	<input type="radio"/> FOOD STAMPS    \$ _____ p/month
<input type="radio"/> WORKERS COMP./DISABILITY \$ _____ p/month	
Name: _____	
Income Sources (check all that apply and include monthly amount):	
<input type="radio"/> TANF            \$ _____ p/month	<input type="radio"/> MEDICAID        \$ _____ p/month
<input type="radio"/> SS                 \$ _____ p/month	<input type="radio"/> SI                  \$ _____ p/month
<input type="radio"/> SSD                \$ _____ p/month	<input type="radio"/> PENSION         \$ _____ p/month
<input type="radio"/> EMPLOYMENT    \$ _____ p/month	<input type="radio"/> UNEMPLOYMENT \$ _____ p/month
<input type="radio"/> CHILD SUPPORT \$ _____ p/month	<input type="radio"/> FOOD STAMPS    \$ _____ p/month
<input type="radio"/> WORKERS COMP./DISABILITY \$ _____ p/month	
Have you received assistance from any other Agency <input type="radio"/> Yes <input type="radio"/> No	
If yes, please name agency: _____	

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\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**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?