

## GENERAL APPLICATION

OFFICE LOCATION:     East Chicago     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:	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			(CT: Demographics Tab)
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>			
_____ Client Signature		_____ Date	

CO-HEAD OF HOUSEHOLDS IDENTIFICATION AND DEMOGRAPHICS (CT: Identification Tab)		
First Name:	Middle Name:	Last Name:
Maiden Name:	Date of Birth:     /     /	SSN:
Phone: (____) ____ - ____ 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 <i>the following information for all household members:</i>		
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?