



SHELTER PLUS CARE ADDING AN ADULT – APPLICATION

You must wait for Home Forward approval before anyone can move in.

HOH Name: _____ HOH SSN: _____

Name (person to be added) <i>Last, First</i>	Date of Birth and Veteran status*	Gender*	Race* (Select up to two)	Ethnicity*	Social Security Number*
	Date of Birth: Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans M to F <input type="checkbox"/> Trans F to M <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	-or- <input type="checkbox"/> I don't know or don't have one <input type="checkbox"/> I choose not to provide the SSN.

*This information will be used for statistical purposes only and will not affect program eligibility.

What is this adult's relation to the Head of Household? _____

Please list other names this adult has been known by: _____

Income: Please list any **income or cash benefits** in the last 30 days. If none, please write zero.

Income Type	Monthly Amount	Who?	Income Type	Monthly Amount	Who?
Alimony or Spousal Support	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	Self-Employment	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:
Child Support	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	Retirement income from Social Security	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:
Employment or Earned Income (P/T, F/T, temp, seasonal, temporary, etc)	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	Social Security Disability Income (SSDI)	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:
General Assistance (GA)	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	Social Security Income (SSI)	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:
Pension	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	TANF	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:
Private Disability Insurance	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	Unemployment	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:
Student Financial Aid	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	Veteran's Pension	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:
Other (Specify):	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	Worker's Compensation	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:

*include income documents.

Does this adult receive any regular contributions or gifts from anyone? This would include another person regularly paying a bill of theirs (i.e. phone, cable, loan, etc.) If yes, please give specific details:

Is this adult currently in school? Yes No

If yes, does this adult receive any student financial aid or assistance? Yes No

If the answer is yes to either question, please provide details: _____

Non Cash Benefits Please indicate any type(s) of **non-cash benefits** received in the last 30 days.

<input type="checkbox"/> Food Stamps (SNAP)	<input type="checkbox"/> SCHIP	<input type="checkbox"/> TANF Child Care (ERDC)	<input type="checkbox"/> Rental Subsidy (Section 8, Public Housing, etc.)
<input type="checkbox"/> Medicaid (OHP)	<input type="checkbox"/> Spec. Suppl. Nutrition (WIC)	<input type="checkbox"/> TANF Transportation	<input type="checkbox"/> Temporary Rental Assistance
<input type="checkbox"/> Medicare	<input type="checkbox"/> VA Medical Services	<input type="checkbox"/> Other TANF Funded Services	<input type="checkbox"/> Other: _____

Assets

Does this adult have **any accounts, such as savings, checking, mutual fund, retirement, money market, etc.?**

Yes No *If no, where are checks cashed? _____*

If yes, please list information for all accounts. Use back side if necessary.

Account Institution (i.e. name of bank)	Account Type	Interest Rate Yielded	Joint or Individual?	Balance

***Copies of bank statements listing the interest rate for any interest bearing account will be required**

Does this adult: own or have interest in any real estate? Yes No

..... own any stocks or bonds? Yes No

..... have any other investments? Yes No

..... have any assets that were sold or given away in the last 2 years? Yes No

Has this adult received any large sum of money, such as a settlement or inheritance, in the last two years? Yes No

If the answer is 'yes' to any question, please provide details: _____

Medical Expenses

*Medical expenses may be able to be deducted. In order to calculate a deduction, we will need a **printout from your pharmacy and/or copies of your itemized bills or receipts** for any medical expenses that you pay for out of pocket.*

Do you pay for Medicare?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount	\$ _____
Do you pay for health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount	\$ _____
Do you pay for prescriptions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount	\$ _____
Do you pay for other medical bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount	\$ _____
Does anyone help you pay for your medical expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who: _____			

Disability Expenses

Do you pay for any equipment or other expense for your disability? Yes No

Does that expense permit you to work? Yes No

Please provide details for any "Yes" answer(s): _____

Is this adult subject to a Lifetime Registration requirement under any state's Sex Offender Registration program? Yes No

Attach the following paperwork for the person you would like to add

- Proof of all types of income reported and/or copies of bank statements (must show interest rate, if applicable)
- Home Forward *Authorization for Release of Information* and *HMIS Notice and Client Consent* forms, signed by applying adult
- Copies of the adult's Social Security Card and photo ID, if they have one

Certification

I/we do hereby swear and attest that all of the information reported on this form about my household and me is true and complete. I/we understand that Home Forward is required to verify the information that I/we have reported. I/we understand that any misrepresentation of information or failure to disclose information requested may be grounds for termination of assistance and is punishable under Federal law.

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 department or agency of the United States.

Signature of Head of Household Date

Signature of Adult requesting to be added to household Date

Remember, you must wait for approval before anyone can move in. *You and the adult you wish to add will be required to attend a Shelter Plus Care Orientation meeting at the Home Forward office. We will contact you within the next two (2) weeks.*