

REQUIRED ITEMS FOR APPLICATION:

1. 30 days proof of income for everyone in the home.
2. No income..... if applicable 30 days food stamps, 30 days child support, 30 days TANF, any friends or family helped you with money? They will need to write a letter stating what they have helped with and how much for each bill/item. The need to sign, put their address, phone number, and date written.
3. Social Security cards or Birth Certificates for everyone in the home.
4. Drivers License for those authorized to drive vehicle.
5. Proof of Insurance.

Clinton County Community Action Program, Inc.

First Name	MI	Last Name
Phone Number	Date of Birth	Gender
____/____/____	____/____/____	<input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Male

<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other	Family Type <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults/No Children <input type="checkbox"/> Non-related Adults with children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other	Building Type <input type="checkbox"/> Mobile Home <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family low rise (3 stories or less) <input type="checkbox"/> Multi-family high rise (3 stories or more)
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Apartment/Lot/Unit Floor	Apartment/Lot/Unit Floor	
(if different from above)		
State	Zip Code	County
Program Number	Email Address	

Demographic Information

<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White	Education <input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate or other post-secondary school
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<input type="checkbox"/> Yes <input type="checkbox"/> No	Military Status <input type="checkbox"/> Veteran <input type="checkbox"/> Active Military	Is Client a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school	Health Insurance Type <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	Non-Cash Benefits <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC
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Client Name		
/ /		
Date of Birth		
/ /		
Gender		
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Race		
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Military Status		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military	Is Client a US Citizen?
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Health Insurance Type		
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	Total Amount Received	Frequency (or 365 days)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

		Frequency	Total Amount
Fixed Countable Income	Supplemental Security Income (SSI) (See E-2.3) Social Security Disability Insurance (SSDI) (See E-2.3) Social Security Retirement (SS) (See E-2.3) Pension (examples are government, military and private) Widow/Widower's benefit Alimony Black Lung pension	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
Earned Countable Income	Wages (salary, tips, commission, bonuses, etc.) Active Military Pay	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
Other Earned Countable Income	Seasonal Employment Self-employment	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
Supplemental Countable Income	Unemployment Utility Assistance Workers' Compensation Ohio Works First Temporary Assistance for Needy Families (TANF) Employment Disability Payouts Strike Benefit	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
Other Countable Income	Cash withdraws from: Individual Retirement Accounts, Annuities, Other investments Lump sum payout from: Estate & Trust settlements, Divorce settlements, insurance payout, lottery winnings Interest Income	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	
None			\$ _____

Deductible Income		Frequency	Total
Health Insurance Premiums	Short and Long-Term Disability Premiums Prescription Plans Health Care Spending Accounts Medicaid Spend Down (deductibles) Medicare Premiums Child Support paid-out Attorney fees for estate or trust settlements Self-employment IRS allowable business expenses Reimbursement for work expenses	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
Health Insurance Premiums			
Short and Long-Term Disability Premiums			
Prescription Plans			
Health Care Spending Accounts			
Medicaid Spend Down (deductibles)			
Medicare Premiums			
Child Support paid-out			
Attorney fees for estate or trust settlements			
Self-employment IRS allowable business expenses			
Reimbursement for work expenses			
Total Household Income (Countable Income - Deductions)			\$ _____
Percentage of Area Median Income (AMI)			% _____

Excluded Income	Frequency	Total
Agent Orange Pension Veterans affairs, service-connected disability Handicapped income (i.e. work programs for the blind or disabled) Title V wages (i.e. senior employment programs) Volunteers in Service to America Stipend (VISTA) Work allowances (work requirement to receive OWF assistance) Income earned by dependent minors Tax refunds/rebates Education assistance (grants stipends for tuition/books) Stipends for foster care Military allowances for subsistence Ohio waiver program (Medicaid benefit for caregiver) Prevention retention and contingency (i.e. emergency services, rental asst.) transportation allowances (WIOA) Proceeds from reverse mortgage FEMA, cash payments Title III Disaster relief emergency assistance	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____

Expense Type	Total Monthly Expense Amount
Food	\$ _____
Shelter	\$ _____
Child Care	\$ _____
Transportation	\$ _____
Utilities	\$ _____
Total	\$ _____

I certify that this statement is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature: _____

Date: _____

Approved by: _____

Date: _____

