

Check if Certified as U.S. Citizen:

01/06/2016

Applicant Information & Address				Location Zones				Monthly Fixed Expenses						
Applicant Name	DOE, MARY K			Referred By				County	DEKALB			Shelter	\$450.00	
SSN	999-99-9992			Family Type	(Male) 1 Parent			District No.				Utility	\$125.00	
Home Phone	(888)888-8888	Cell:	(555)555-5555	Housing Status	Rent			Census Tract No.				Insurance	\$0.00	
Work Phone	(444)444-4444			Housing Type	Single Fam			Township				Medical	\$25.00	
Home Address	2 RAVINIA DR ATLANTA, GA 30346-			Primary Fuel	Natural Gas			Village				Childcare	\$150.00	
Mailing Address	2 RAVINIA DR ATLANTA, GA 30346-			Language	English			Community Group				Food	\$200.00	
				Transportation	Public			Other Zone				Transportion	\$115.00	
				Non US Family	<input type="checkbox"/>			City Limits	<input type="checkbox"/>			Other	\$125.00	
Name of Household Member	DOB	Race	Sex	Education	Marital Status	Veteran	Food Stamps	Reg. Voter	Disp. Homemaker	Handicap	Disability	Health Insurance	Medicare Ins.	Medicaid Ins.
DOE, BILLY D 999-99-9991 Child	02/02/2007	Multi-Racial	Male	0-8	Single	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOE, MARY K 999-99-9992 Grandparent	11/11/1942	White	Female	HS Grad/GED	Widow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DOE, JOHN D 999-99-9999 Head	09/26/1966	Black	Male	9-12/Non-grad		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household Size	Method of Information Verification		30 Day Income	Assets	Avg. Monthly Expenses	Avg. Annual Expenses	Avg. Monthly Income	FPL%	* Annual Income					
3	Self-Dec <input type="checkbox"/>	Income Docs <input type="checkbox"/>	Phone Verify <input type="checkbox"/>	\$0.00	\$0.00	\$1,190.00	\$14,280.00	\$1,412.79	85.67 %	\$16,953.50				

SELF DECLARATION OF NEED

I declare that to the best of my knowledge I am the only member of the household represented in the application that has applied for assistance in the program. I certify that my household meets the income guidelines of this program, and that all information concerning my income and the number of people living in my home has been disclosed during the interview. I authorize MY AGENCY to share and obtain relevant information with community partners concerning my application in order to secure additional assistance for my household. Further, I certify that all information that has been spoken or presented to MY AGENCY in order to receive assistance of any type is true and correctly represented on this application, realizing that misrepresentation is illegal. I understand that any violation of the above mentioned items will result in denial/termination of assistance and may result in fines or imprisonment.

I have been informed that I have a right to a Fair Hearing if I feel I have not been fairly treated in the determination of my eligibility for services. Further, I understand that a Fair Hearing may be requested in writing within 10 days to MY AGENCY| | , .

In accordance with Federal Law, MY AGENCY is prohibited from discrimination on the basis of race, color, national origin, sex, age or disability.

APPLICANT: _____ X DATE: ___/___/_____ SOCIAL WORKER: _____ X DATE: ___/___/_____

Income Tape

1/6/2016

999-99-9992 Doe, Mary D (Grandparent)																		
Income Type	Period of Income	Amount	Custom Prior Income Amounts \$												Avg. Monthly \$	Avg. Annual \$		
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec				
Wages (Primary)	Weekly	\$150.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$652.12	\$7,825.50
															\$652.12	\$7,825.50		

999-99-9999 Doe, John D (Head)																		
Income Type	Period of Income	Amount	Custom Prior Income Amounts \$												Avg. Monthly \$	Avg. Annual \$		
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec				
Wages (Primary)	Bi-Weekly	\$350.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$760.66	\$9,128.00
															\$1,412.78	\$16,953.50		

Computed Average Household Income: \$1,412.78 \$16,953.50