

APPLICANT'S FINANCIAL SURVEY

Please complete this survey to the best of your ability and return to eligibility staff for review during your eligibility interview. This survey will help eligibility staff complete your eligibility determination for services quickly. You are not expected to complete all questions if you are unsure of the answers. Just respond truthful to the questions you know.

Applicant's Name _____

Address: _____

1. ARE YOU PARTICIPATING IN ANY OF THE FOLLOWING PROGRAMS?

| | | |
|--|--------|-------|
| Medicaid | Yes___ | No___ |
| Project AIDS Care (PAC) | Yes___ | No___ |
| Food Stamps | Yes___ | No___ |
| Social Security | Yes___ | No___ |
| Temporary Assistance for Needy Families (TANF) | Yes___ | No___ |
| Women, Infants and Children (Nutrition) | Yes___ | No___ |
| Name Other: _____ | Yes___ | No___ |

2. HOUSEHOLD AND OTHER INFORMATION

How many adults live with you in your home? # _____

Is one of the adults your spouse? Yes___ No___

How many dependent children do you have in your home? # _____

Do you have any of the following:

- A roommate living with you who shares room and board expenses? Yes___ No___
- A relative or non relative in your home who helps pay expenses? Yes___ No___
- A joint checking or savings account with someone other than your spouse? Yes___ No___

Do you **jointly** own a house, car, boat, or real estate property with someone? Yes___ No___

Are you financially dependent on someone for your support? Yes___ No___

Check if anyone lists you:

- As a Dependent on a Tax Return
- On a Health Insurance Policy
- On another Legal Document
- As a Domestic Partner for Insurance or Employment Benefits

