

SECTION 42 ELIGIBILITY, INCOME AND ASSET WORKSHEET

Head of household and/or the co-head(s) should complete

LIST ALL HOUSEHOLD MEMBERS:

Name (Last, First, M.I.)	Relationship	Date of Birth	Social Security #	Sex
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ELIGIBILITY:

	YES	NO
1. I have a household member who is absent from the home for reasons such as: military service, placement in foster care, temporary or permanent confinement to a home or hospital, away at school, etc. a) Please describe if any: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. I have a live-in attendant	<input type="checkbox"/>	<input type="checkbox"/>
3. I anticipate changes in household for reasons such as: Expecting a baby, pending adoption, pending custody/joint custody, pending foster child(ren), etc. a) Please describe if any including dates(ie due date): _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Are all members of your household eligible U.S. Residents? If no, which members are not eligible? _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there any students in your household? If yes please list name(s) _____ a) Are any of the students listed above students of Higher Education? b) Have any of the students listed above been in foster care? c) Do any household members who are not currently students expect to become students within the next 12 months or have been a student in the current calendar year? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Has any member of your household been charged with a felony or a drug/alcohol related criminal offense? a) If yes, were they convicted?	<input type="checkbox"/>	<input type="checkbox"/>

INCOME AND ASSETS

A. Income:

	YES	NO
1. Are you or any other household members currently receiving income from any of the following sources?	<input type="checkbox"/>	<input type="checkbox"/>
a) Section 8 Certificate/Voucher If yes, please list the subsidy amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
b) Wages/salaries (if so list number of members employed) Full Time _____ Part Time _____ Seasonally _____	<input type="checkbox"/>	<input type="checkbox"/>



Income Continued:

YES NO

c) Wages earned through a government program, (ie: Senior Aides, Older American Community Service Employment Program, AmeriCorps) If yes, which program: _____		
d) Tips, bonuses, commissions, cash wages		
e) Overtime Pay		
f) Income from operation of a business(Self Employed)		
g) Social Security		
h) Disability/SSI		
i) Death benefits		
j) Pensions/retirement funds		
k) Annuities or non-revocable trust		
l) Unemployment		
m) Military Pay		
n) Workman's Compensation		
o) Public assistance/TANF		
p) Alimony		
q) Child Support		
r) Income from rent or sale of property		
s) Periodic payments from lottery winnings		
t) Regular recurring contributions from person or agencies outside of the household		
u) Insurance Policies		
v) Severance pay		
w) Student Grants or Scholarships		
x) Other: _____		
2. Are there any household members receiving income or are any members expecting to receive income not listed above in the next 12 months? If yes, specify the source of the income _____		
3. Is any member of the household on leave of absence from work due to lay-off, medical, maternity, or military leave?		
4. Is any member of the household entitled to receive child support and/or alimony that he/she is not currently receiving?		

B. Assets:

YES NO

1. Does the total value of your assets exceed \$5000		
2. Do you or any other members of the household have any of the following?		
a) Checking accounts		
b) Savings accounts		
c) Prepaid debit cards(Direct Express, Relia Card, Net Spend, Citibank, etc)		
d) Certificates of deposit		
e) Stocks		
f) Bonds		
g) IRA/Keogh account		
1) Are you receiving periodic payments, withdraws or required minimum distributions If yes, please list _____		
h) Mutual Funds		
i) Trust Funds		
If yes, is the trust irrevocable?		



Assets Continued:

YES NO

j) Whole life or universal life insurance policy		
k) Personal Property held as an investment		
l) Real Estate		
If yes, is it for sale or rent?		
m) Cash held in safety deposit boxes or home		
n) Assets held in another state or foreign country		
o) Other: _____		
3. Has any household member received any lump sum payments that are not included in the assets above or divested, such as: Inheritance, Lottery Winnings, Insurance Settlements, Other If yes, please describe _____		
4. Have you or any other household members disposed of any asset(s) for less than fair market value in the past two (2) years? If yes, please list _____		
5. Do you or any other household member have any assets that are held jointly with another persons? If yes, please explain _____		

Penalties for Committing Fraud:

I/We certify under penalty of perjury that all information I/We provided for the purpose of completing this form is true and complete to the best of My/Our knowledge and belief. I/We understand that willful misrepresentation of any information provided herein constitutes fraud and may be dealt with in a Court of Law.

By signing below I am certifying that I have completed this questionnaire and that the answers that I have given are true and complete to the best of my knowledge.

_____/_____/_____
Head of Household Date

_____/_____/_____
Other Member over 18 Date

_____/_____/_____
Other Member over 18 Date

Received by: _____/_____/_____
Site Manager Date

