

Personal Information/Address

Date _____

Applicant: _____ Last 4 of Social Security # _____ Date of Birth _____

Physical Address _____ Mailing Address _____

Home Phone _____ Cell _____ Email _____

Demographics

Gender: M _____ F _____	
Disabling Condition: Yes _____ No _____ Unknown _____	
Marital Status: Divorced _____ Legally Separated _____ Married _____ Partner _____ Separated _____ Single _____ Widowed _____	
Primary Language: _____	
Household Type:	
Multigenerational Household	Single Person
Non-related Adults with children	Two Adults No Children
Other	Two Parent Household
Single Parent Female	Unknown / not reported
Single Parent Male	
Housing Type: Homeless _____ Homeless by Choice _____ Living with friends or family _____ Other Permanent Housing _____ Own _____ Rent Subsidized (Hud, Section 8, etc.) _____ Rent Unsubsidized _____ Transitional/Shelter _____	

Education Highest Grade Completed

Military Status: **Active** **Never Served in Military** **Veteran**

Health Insurance **No** **Yes**

Direct Purchase	Employment Based	Medicaid	Medicare	Military Health Care	State Children's Health Insurance	State Health Insurance Adult
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Race:

Asian	Bi-racial or Multi-racial
Black or African American	Caucasian or White
Hispanic	Native American
Pacific Islander	Unknown

Ethnicity

Hispanic, Latin or Spanish Origin	Not Hispanic, Latin or Spanish Origin	Unknown
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Tribe

Blackfoot	Catawba	Cherokee
Choctaw	None	Pawnee
Pima	Other:	

Income:

Please provide actual monthly dollar amount for all that apply.

Income Source	Income Total	Income Source	Income Total
Alimony or other Spousal Support		Public Assistance	
Black Lung		Rental Income	
Child Support		Retirement Income from Social Security	
Earnings		Royalties	
Educational Assistance		Short Term Disability	
EITC		Social Security Disability Income (SSDI)	
Estate/Trust		State Assistance (IS General)	
Interest/Dividends		Supplemental Security Income (SSI)	
Long Term Disability		TANF	
Non Cash Benefits		Unemployment Insurance	
Other Income Source		VA Non-Service Connected Disability	
Outside Assistance		VA Service Connected Disability	
Pension/Retirement		Veteran's Benefits	
Private Disability Insurance		Worker's Compensation	

Food Stamps _____

I have no income to report based on the sources above, but have been meeting my basic living needs (food, shelter, utilities) with contributions from:

Family member ____ Friend ____ Church ____ Nonprofit ____ Other ____

Food	Shelter	Utilities
Total:	Total:	Total:

Residence**Structure**

Wood	Brick	Masonry	Mobile Home
Multi-Unit	Vinyl Siding	RV	Boat

Home # of Stories _____

Dwelling Type

Site Built (Single Family)	Multi-Unit	Mobile Home Owner	Doublewide Owner
Modular Home (No wheels)	Duplex	Triplewide Owner	Mobile home Renter
Doublewide Renter	Triplewide Renter		

Do you live in? ___ City/Town ___ Rural Area ___ Suburb

Year of home construction _____ If unknown, approximate age _____ Monthly Rent/Mortgage \$_____

Smokers in household? _____ if so how many _____

Was dwelling previously Weatherized? ___ If so when _____

Other Contact

Name _____ Phone _____ Relationship _____

Other Household Members – complete for each member

Name _____ Last 4 of Social Security # _____ Date of Birth _____

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All information, regarding an applicant or recipient, is confidential and may be disclosed only for purposes of determining eligibility, providing services, or investigating suspected fraud in connection with the program. By signing this application, I authorize the Community Action Agency and South Carolina Office of Economic Opportunity access to my household's fuel/utility/energy records pertaining to the eligibility of the applicant and for the purpose of any reporting required under Federal, State and local statutes, regulations and ordinances.

I, _____, certify that all the above information is correct and may be used for household and income verification as well as zero income verification for statistical purposes. I authorize agency employees to contact any former employees and/or social services agencies to verify household income for the past thirty (30) days. I further certify that documentation to verify the same is included in the Applicant's official file/record.

Date

Customer Signature

Date

Signature of CAA Staff Member

CAA, its agent, partners and funding sources do not discriminate on the basis of race, color, sex, age, religion, national origin, disability, or marital status. If you, the applicant, feel you were treated unfairly or denied service(s), please notify the agency in your county of residence to appeal and request a fair hearing. Your application will be properly reviewed to determine eligibility based on the required documents provided.

Other Household Members – complete for each member

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