

Complete a separate form for each household member who is age 18 or older, and be prepared to provide ORIGINAL verification (not photocopies) for items checked YES. Provide address, phone number, fax number, and additional information for all yes answers as requested. Complete in ink, initial any/all changes. Failure to comply could result in the denial/termination of assistance.

NOTE: City of Holland may use up-front income verification (UIV) to obtain and clarify income.

Household Member Name:	Head of Household:	
	Address:	City:

Each item must be fully completed. Please print clearly using black or blue ink.

Section A – Income

	Yes	No	
A-1	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. If yes, describe _____.
A-2	<input type="checkbox"/>	<input type="checkbox"/>	I earned \$_____ in the last 12 months. I have _____ (enter #) job(s) and receive money/wages. (List each job separately)
			Name of Employer: 1) _____ 2) _____
			Street Address: _____
			City, State, ZIP: _____
			E-mail address: _____
			Contact Person: _____
			Telephone: _____
			Fax#: _____
			The Work Number _____
			Pay Code #: _____
			If more than two jobs provide additional information on a separate sheet.
A-3	<input type="checkbox"/>	<input type="checkbox"/>	I receive tips. If yes, in the amount of \$_____ per week.
A-4	<input type="checkbox"/>	<input type="checkbox"/>	I am unemployed. If yes, I have been unemployed since _____ (date).
A-5	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits. If yes, I have been receiving benefits since _____ (date).
A-6	<input type="checkbox"/>	<input type="checkbox"/>	I am disabled and have a new job or wage increase in the last 12 months. If yes, New job date: _____ Wage increase date: _____
A-7	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from Workers' Compensation. If yes, Amount \$_____
A-8	<input type="checkbox"/>	<input type="checkbox"/>	I receive military active duty allotments. If yes, Amount \$_____
A-9	<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration benefits. If yes, Amount \$_____ VA File # _____
A-10	<input type="checkbox"/>	<input type="checkbox"/>	I receive Social Security. If yes, Amount \$_____
A-11	<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI). Federal Amount \$_____ State Amount \$_____
A-12	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from retirement funds or pensions. If yes, how many? _____ Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Account #: _____ Amount: \$_____ per _____
			If received from more than one source, provide additional information on a separate sheet.
A-13	<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security . If yes, from how many sources? _____ (List each source separately) Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Account #: _____
			If received from more than one source provide additional information on a separate sheet.

CHECKLIST (continued)

	Yes	No		
A-14	<input type="checkbox"/>	<input type="checkbox"/>	I receive Food Assistance Program benefits from the Department of Human Services (DHS).	
			DHS Caseworker Name: _____	Amount: \$ _____
			Street Address: _____	DHS Case #: _____
			City, State, ZIP: _____	Telephone: _____
			E-mail address: _____	Fax #: _____
A-15	<input type="checkbox"/>	<input type="checkbox"/>	I receive a CASH Public Assistance grant (FIP, SDA, RAP).	
			DHS Caseworker Name: _____	DHS Case #: _____
			Street Address: _____	Telephone: _____
			City, State, ZIP: _____	Fax #: _____
			E-mail address: _____	
A-16	<input type="checkbox"/>	<input type="checkbox"/>	I receive Medicaid. NOTE: Not Adult Medical Program (formerly State Medical Program)	
A-17	<input type="checkbox"/>	<input type="checkbox"/>	I receive child support.	From how many Friend of the Court(s) do you receive support? _____
			If yes, from how many persons do you receive support? _____	
			If yes, is child support paid directly to Department of Human Services (DHS)?	Yes No
			If not paid directly to DHS:	
			Friend of the Court Name: _____	Contact Person: _____
			Street Address: _____	Telephone: _____
			City, State, ZIP: _____	Fax#: _____
			E-mail address: _____	
			Amount: \$ _____ per _____	PIN#: _____
			If received from more than one Friend of the Court, provide additional information on a separate sheet.	
A-18	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony.	From how many Friend of the Court(s) do you receive alimony? _____
			If yes, from how many persons do you receive alimony? _____	
			If yes, is alimony paid directly to Department of Human Services (DHS)?	Yes No
			If not paid directly to DHS:	
			Friend of the Court Name: _____	Contact Person: _____
			Street Address: _____	Telephone: _____
			City, State, ZIP: _____	Fax#: _____
			E-mail address: _____	
			Amount: \$ _____ per _____	PIN#: _____
			If received from more than one Friend of the Court, provide additional information on a separate sheet.	
A-19	<input type="checkbox"/>	<input type="checkbox"/>	I receive adoption assistance payments. If yes, how many sources? _____	
			Source Name: _____	Contact Person: _____
			Street Address: _____	Telephone: _____
			City, State, ZIP: _____	Fax#: _____
			E-mail address: _____	
			Amount: \$ _____ per _____	
			If received from more than one source provide additional information on a separate sheet.	
A-20	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from a trust, annuity or inheritance. If yes, how many sources? _____	
			Source Name: _____	Contact Person: _____
			Street Address: _____	Telephone: _____
			City, State, ZIP: _____	Fax#: _____
			E-mail address: _____	Account #: _____
			Amount: \$ _____ per _____	
			If received from more than one source provide additional information on a separate sheet.	
A-21	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from insurance policies. If yes, how many sources? _____	
			Source Name: _____	Contact Person: _____
			Street Address: _____	Telephone: _____
			City, State, ZIP: _____	Fax#: _____
			E-mail address: _____	Account #: _____
			Amount: \$ _____ per _____	

CHECKLIST (continued)

A-22 **Yes** **No** I receive periodic payments from lottery winnings.

Source Name: _____ Contact Person: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax#: _____
 E-mail address: _____
 Amount: \$ _____ per _____

If received from more than one source, provide additional information on a separate sheet.

A-23 I am a full-time student.

Name of School: _____ Contact Person: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax#: _____
 E-mail address: _____ Number of Credit Hours Enrolled: _____

If attending more than one school, provide additional information on a separate sheet.

A-24 I receive **CASH** contributions or gifts including rent, groceries, car payments, or utility payments on an ongoing basis from persons not living with me. If yes, from how many sources? _____ (List each source separately)

Source Name: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax#: _____

If received from more than one source provide additional information on a separate sheet.

To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household -

A-25 **Yes** **No** I have a family member(s) age 17 or under who has **unearned** income (examples: Social Security, SSI).

List their names and type(s) of income:

Name	Type	Amount	Name	Type	Amount

A-26 I have a family member(s) age 17 or under who has **earned** income (list each job separately).

Name	Amount	Name	Amount

Section B – Assets

B-1 **Yes** **No** I have the following accounts Savings Checking IRA's or Keogh Other _____
 [check which one(s)]:

How many banks, credit unions, savings and loans, etc. do you have accounts with? _____ (List each separately)

Name of bank: 1) _____ 2) _____
 Street Address: _____
 City, State, ZIP: _____
 E-mail address: _____
 Contact Person: _____
 Telephone: _____
 Fax#: _____
 Account Number: _____

If more than two financial institutions, provide additional information on a separate sheet.

B-2 I own real estate. Describe: _____

B-3 I have a land contract(s). Describe: _____

CHECKLIST (continued)

- Yes** **No**
- B-4 I own a mobile home. Describe: _____
- B-5 I receive income from rental of real estate or personal property. Describe: _____
- B-6 I receive income from Indian Trust Land. Describe: _____
- B-7 I have personal property held for investment purposes (gems, jewelry, coin or stamp collections, etc.)
Describe: _____
- B-8 I have Treasury Bills, Stocks or Bonds. Check which one(s): Treasury Bills Stocks Bonds
How many do you have? _____ (List each separately)
Name of each source: 1) _____ 2) _____
Street Address: _____
City, State, ZIP: _____
E-mail address: _____
Contact Person: _____
Telephone: _____
Fax#: _____
Account #: _____
- If more than two, provide additional information on a separate sheet.
- B-9 I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years.
List items: _____ Sale amount \$ _____
- B-10 I have income/assets from sources **other** than those listed above. Describe: _____

Source Name: _____

Street Address: _____

Telephone: _____

City, State, ZIP: _____

Fax#: _____

If received from more than one source, provide additional information on a separate sheet.

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Yes **No**

B-12 I have a family member(s) age 17 or under who has assets (example: savings accounts, bonds, etc.).

Name	Type	Amount	Name	Type	Amount

How many banks, credit unions, savings and loans, etc. do you have accounts with? _____ (List each separately)

Name of bank: 1) _____ 2) _____

Street Address: _____

City, State, ZIP: _____

E-mail address: _____

Contact Person: _____

Telephone: _____

Fax#: _____

Account Number: _____

If more than two financial institutions, provide additional information on a separate sheet.

Certification: I certify to the best of my knowledge that all statements are true. I understand that providing false information will result in denial of my application OR will require repayment of money received.

Signature: _____ Date: _____

Intentionally submitting false or misleading information in obtaining financing will lead to rejection of the application.