

Brevard County Housing & Human Services Department Community Action Agency

Last Name
First Name
Maiden Name
Social Security #

Street (current Living Address)
City
Zip
Phone #
Cell#

HEALTH INSURANCE	RACE	FAMILY STATUS	SPECIAL NEEDS	TYPE OF ASSISTANCE OR SERVICE REQUESTED
Private _____ Medicaid _____ Medicare _____ Healthy Kids _____ Stay Well _____ Kid Care _____ None _____ Other _____	White _____ Black _____ Hispanic _____ Amer-Indian _____ Asian _____ Other _____	Married _____ Separated _____ Widowed _____ Deserted _____ Single _____ Divorced _____	Farm Worker _____ Homeless _____ Medically _____ Disabled _____ Developely _____ Disabled _____	Mortgage <input type="checkbox"/> Other <input type="checkbox"/> Rent <input type="checkbox"/> Water Utilities <input type="checkbox"/> Electric Utilities <input type="checkbox"/> Gas Utilities <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> RX <input type="checkbox"/> HCRA <input type="checkbox"/>

HOUSEHOLD MEMBERS

Names	D.O.B	SS#	Sex	Race	Employed	Grd lvl	Relationship

MONTHLY INCOME:

Employment _____ Social Security _____
 AFDC/TANF _____ VA _____
 Retirement _____ Unemp. Comp. _____
 Workman's Comp _____ Child Support _____
 Rentals _____ Other _____

LIQUID RESOURCES:

Savings _____ Checking _____ **TOTAL:** _____

Eligibility Level: _____ **TOTAL RESOURCES FOR THE MONTH** _____

Are you, or any member of your household, receiving FoodStamps? Yes No If so, how much? _____

Have you or your spouse ever served in the Military? Yes No

What problems or difficulties forced you to request assistance? _____

MONTHLY PAYMENTS:

	MONTHLY PAYMENT	BALANCE DUE		MONTHLY PAYMENT	BALANCE DUE
Rent/Mortgage			Gasoline		
Electricity			Transportation		
Water			Health Ins.		
Gas			Furn/Wash/Dryer		
Medical			Credit Cards		
Medical Bills			Loans		
Insurance			Food/Misc		
Child Care			Phone		
Child Support			Cable		
Car Payment			Other		
Car Insurance			TOTAL		

Resident or intend to reside in Brevard County: _____ Yes _____ No
 _____ Eligible _____ Non Eligible

FRAUD STATEMENT: The information above is, to the best of my knowledge, true and complete. I hereby authorize the investigation and verification of same with my employer, bank, or other sources. I understand that intentionally providing false information to obtain financial assistance is grounds for denial. Any person who knowingly, by false statement, misrepresentation, impersonation, or fraudulent means fails to disclose a material fact used in making determination as to such person's qualification to receive aid or benefits under any state or federally funded assistance program, or who knowingly fails to disclose a change in circumstances in order to obtain or continue to receive under any such program aid or benefits which he/she is not entitled to or in an amount larger than that to which entitled, or who knowingly aid and abets another person in the commission of any such act is guilty of a crime, and shall be punished as provided in F.S. Chapter 409.325 Subsection 5.

Client

Date

Eligibility Specialist

Date