

HOUSEHOLD INCOME AND FINANCES

Please list all current sources of income for yourself and all household members age 18 and older:

Person with Income	Source of Income	Amount of Income	How Often Income is Received

CURRENT MONTHLY EXPENSES *Don't include groceries purchased with food stamps*

Rent	\$	Car Payment	\$	Groceries (cash only)	\$
Electric	\$	Car Insurance	\$	Hygiene	\$
Gas (Heat)	\$	Gasoline/Transport	\$	Household	\$
Phone	\$	Health Insurance	\$	Child Care	\$
Trash	\$	Cable/Satellite	\$	Child Support	\$
Water	\$	Laundry	\$	Other	\$
Internet	\$	Credit Card Bill	\$	Other	\$
Prescriptions	\$	Loans	\$	Other	\$

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, give The Family Resource Center personnel permission to contact any agency(s), organization(s) or company(s) in order to determine assistance that am currently receiving or need. I understand that this release will be in place for one year. I understand that this release will enable the Family Resource Center personnel to coordinate services on my behalf. I further understand that if I choose to revoke this release, I need to do so in writing and that any falsification of information may result in denial or discontinuance of services. I have read and understand the terms of this Authorization for Release of Information. I agree to the terms and sign it voluntarily.

Applicant Signature

Date

FOR STAFF USE ONLY:

Case Manager _____ Request Type _____
 Residency Code: _____ Household Type: _____ Income Type: _____ Sub-type: _____ Race _____ 1st time _____
 Total Monthly Household Income \$ _____ % of FPG _____
 Total Monthly Household Expenses \$ _____ Is this household sustainable ___ No ___ Yes
 Has the Household experience qualifying hardship in the past 60 days? ___ No ___ Yes – Verified? ___ No ___ Yes
 Approved for EFA funds? ___ No ___ Yes – Amount \$ _____ Justification for Approval/Denial: _____
 Referrals: ___ BBH ___ HEAP ___ OBF ___ TOPSS ___ FONIN ___ PUSH ___ Access
 ___ Oxford Seniors ___ SELF ___ SELF – HEAP/PIPP ___ Senior Commodities ___ Lions Club
 ___ Youth Services ___ YWCA ___ Open Hands ___ Assurance/Lifeline Phone ___ Women's Center