

In an ongoing effort to make sure that your information is accurate and up-to-date, please completely fill out this form.

HEAD OF HOUSEHOLD INFORMATION

Date: _____

Full Name: _____ Gender: M F _____

Address: _____ Apt #: _____

City: _____ How many years have you lived in your current city? _____

Phone: _____ - _____ - _____ Email: _____

Date of Birth: _____ Primary Language: _____

Race: White Black/African American Asian Hawaiian/Pacific Islander
 American Indian/Alaskan Native Prefer Not to Answer Don't Know Other _____

Ethnicity: Hispanic/Latino Non-Hispanic/Latino

Veteran/Active Military: Yes No Disabled: Yes No

Health Insurance: MassHealth Medicare Private None Other _____

Do you receive SNAP Benefits? Yes No Amount: \$ _____
If no, why? Income Program Requirements Changes

What is your employment status? Full-time Part-time Unemployed Seasonal
 Student Retired Unable to Work

What is the last grade of schooling you successfully completed? _____

GENERAL HOUSEHOLD INFORMATION

What is your housing situation? Check the box that best applies.

Public Housing Market Rent Staying with Friends/Relatives Own
 Section 8 Affordable Housing Homeless: With Shelter Without Shelter

What is your household annual (per year) income?

\$0 – \$12,000 \$12,001 – \$21,257 \$21,258 – \$28,694 \$28,695 – \$36,131
 \$36,132 – \$43,568 \$43,569 – \$51,005 \$51,006 – \$58,442 \$58,443 – \$65,879
 \$65,880 – \$73,316 \$73,317 or more Exact Monthly or Annual Income: \$ _____

Do you OR your dependents participate in any of the following programs? Check all that apply.

Meals on Wheels WIC Fuel Assistance SNAP \$ _____
 Free/Reduced School Lunch Head Start Veterans Aid TAFDC/Cash Assistance

HOUSEHOLD MEMBERS

Full Name: _____ Gender: M F _____
Date of Birth: _____ Relationship: _____
Last grade of schooling successfully completed or current grade: _____
Race: White Black/African American Asian Hawaiian/Pacific Islander American Indian/Alaskan Native
 Prefer Not to Answer Don't Know Other _____ Ethnicity: Hispanic/Latino Non-Hispanic/Latino
Veteran/Active Military: Yes No Disabled: Yes No
Employment status? Full-time Part-time Unemployed Seasonal
 Student Retired Unable to Work
What type of health insurance do they have? MassHealth Medicare Private None Other _____

Full Name: _____ Gender: M F _____
Date of Birth: _____ Relationship: _____
Last grade of schooling successfully completed or current grade: _____
Race: White Black/African American Asian Hawaiian/Pacific Islander American Indian/Alaskan Native
 Prefer Not to Answer Don't Know Other _____ Ethnicity: Hispanic/Latino Non-Hispanic/Latino
Veteran/Active Military: Yes No Disabled: Yes No
Employment status? Full-time Part-time Unemployed Seasonal
 Student Retired Unable to Work
What type of health insurance do they have? MassHealth Medicare Private None Other _____

Full Name: _____ Gender: M F _____
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Veteran/Active Military: Yes No Disabled: Yes No
Employment status? Full-time Part-time Unemployed Seasonal
 Student Retired Unable to Work
What type of health insurance do they have? MassHealth Medicare Private None Other _____

How did you hear about Beverly Bootstraps? Community Agency Family/Friend Mailing School
 Religious Group Doctor's Office Other: _____

CERTIFICATION

The applicant certifies that all information in the application is true and correct to the best of his or her knowledge, no information has been excluded which might reasonably affect a judgment regarding the applicant's eligibility.

Signature: _____ Date: _____