

HOUSEHOLD INCOME You are required to provide proof of your household income. Acceptable documents for each person living in the home include (as applicable) copies of

- a. Two (2) most recent paycheck stubs for all working household members
- b. Copy of current Benefit/ Award Letter from Social Security, SSI, VA, Pension, Retirement, Child Support, Spouse Support, Unemployment, Workmen’s Compensation, etc. (if applicable)
- c. Copy of Food Stamp Program Record , AFDC/ Welfare Benefits (If applicable)

Please list below the income(s) of the Head of Household and all other income earning persons who live in the home.

List income from all sources. Income includes, but is not limited to:

- Public or general assistance, all wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.
- Income from the operation of a business or profession.
- Income from interest and/or dividends.
- All gross payments received from Social Security, Supplemental Social Security benefits, VA Benefits, unemployment compensation, cash gifts, Annuities, insurance policies, retirement funds, pensions, disability awards, prizes, alimony, child support, and any income from rental property.

NAME (INCLUDING APPLICANT)	RELATIONSHIP	AGE	INCOME SOURCE	INCOME AMT./MO.
1. _____	<u>Head of Household</u>	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____

TOTAL INCOME EARNING **HOUSEHOLD MEMBERS**: _____

TOTAL MONTHLY GROSS INCOME: \$ _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

SEX: () Female () Male

HOUSEHOLD TYPE:

- () Single, Non-Elderly () Elderly
- () Single Parent () Two Parents
- () Female Head of Household () Other

ETHNICITY: (select only one) () Hispanic or Latino () Not Hispanic or Latino

Race: (select one or more) () American Indian or Alaska Native
 () Asian
 () Black or African American
 () Native Hawaiian or Other Pacific Islander
 () White
 () Other (Specify) _____

() I do not wish to furnish this information: _____ (Initials)

I/ We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above information as applicable under the provision of Title 18, United States Code, Section 1014. By signing below, I/ We certify that the information I/ We have provided is true and correct.

Print Name

Mother / Guardian Signature
 Date: _____

Print Name

Father/Guardian Signature
 Date: _____

RETURN COMPLETED APPLICATION and ALL REQUIRED DOCUMENTS TO:

Hispanic Resource Center
4312 Florida St. Kenner, LA 70065
(504) 469-2570 Fax – 469-2572

OR

M L K. Resource Center
1042 31st Street Kenner, LA 70065
(504) 466-0697 Fax – 466-0699