

| | |
|---------|---------------------|
| Name | Date of Birth (DOB) |
| Address | |
| Email | Phone |

Number in household:

| Names: | DOB | Relation |
|--------|-----|----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

EITC Eligible Yes/ no
TANF Yes / no

How many vehicles:

| | |
|------------------|---------------------|
| Value vehicle 1: | Car 1 loan balance: |
| Value Vehicle 2: | Car 2 loan balance: |
| Value Vehicle 3: | Car 3 loan balance: |

Do you own a principal residence? Home value: Mortgage balance:

Do you own other homes? Other homes values: loan balance:

Do you own a business? Business value: Business loan amt:

Do you own rental property or land? Property value: Property loan amt:

Do you own stocks, bonds IRAs, investments? Stocks Value:

Do you have a checking account? Checking Amount:

Do you have a savings account? Savings Amount:

Do you owe money to friends/family? Amount owed:

Do you have past due household bills? Amount past due:

Do you have credit card bills? Credit cards balance:

Do you have Medical bills? Medical bill due amount:

Do you have student loans? Student loan balance:

Do you have life insurance?

Do you have health insurance?

2007 Adjusted gross income: