

Date _____

How did you hear about us? _____ One Stop Card

Last Name _____ First _____ Middle _____

Date of Birth _____ Age _____ Social Security # _____ - _____ - _____

Gender Male Female Transgender Veteran Yes No

Gay/Lesbian/Bisexual

Primary Language _____ Secondary Language _____

Ethnicity Hispanic/Latino Yes No

- American Indian / Alaskan Native
- American Indian / Alaskan Native-Hispanic
- American Indian / Alaskan Native & Black
- American Indian / Alaskan Native & Black-Hispanic
- American Indian / Alaskan Native & White
- American Indian / Alaskan Native & White-Hispanic
- Asian
- Asian-Hispanic
- Asian & White
- Asian & White-Hispanic

- Black / African American
- Black / African American-Hispanic
- Black / African American & White
- Black / African American & White-Hispanic
- Native Hawaiian / Pacific Islander
- Native Hawaiian / Pacific Islander-Hispanic
- Other or Multicultural (specify) _____
- Other-Hispanic
- White
- White-Hispanic

Address _____

Zip Code _____ Mailing Address _____

Telephone # _____ E-mail _____

Education and Employment Information

Do you have a GED? Yes No High School diploma? Yes No

Highest grade/level completed _____

School or Program last attended _____

Were you in special education? Yes No

Have you ever attended classes here before? Yes No

What is your monthly income? _____

Source:

<input type="checkbox"/> GA / PAES	<input type="checkbox"/> SSI / SSDI	<input type="checkbox"/> TANF / CALWORKS
<input type="checkbox"/> VA	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Other _____
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Employment/Work	

Housing Information

Where are you currently living?

<input type="checkbox"/> Street, Park, Car, etc. (Not Housed)	<input type="checkbox"/> Supportive Housing	<input type="checkbox"/> With friends
<input type="checkbox"/> Emergency Shelter Episcopal Sanctuary? Yes <input type="checkbox"/> Next Door Shelter? Yes <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Substance Abuse Treatment Facility
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Hospital	<input type="checkbox"/> Jail / Prison

Are you living in any of these buildings?

<input type="checkbox"/> Alder	<input type="checkbox"/> El Dorado	<input type="checkbox"/> MacAllister
<input type="checkbox"/> Arnett Watson	<input type="checkbox"/> Elm	<input type="checkbox"/> Mentone
<input type="checkbox"/> Bishop Swing	<input type="checkbox"/> Essex	<input type="checkbox"/> Midori
<input type="checkbox"/> Cambridge	<input type="checkbox"/> Hamlin	<input type="checkbox"/> Rose
<input type="checkbox"/> Canon Barcus	<input type="checkbox"/> Hillsdale	<input type="checkbox"/> San Cristina
<input type="checkbox"/> Canon Kip	<input type="checkbox"/> Iroquois	<input type="checkbox"/> Senator
<input type="checkbox"/> Coast	<input type="checkbox"/> Island Bay Homes	<input type="checkbox"/> Veteran's Academy
<input type="checkbox"/> Conard House Cooperative	<input type="checkbox"/> Jordan	<input type="checkbox"/> William Penn
<input type="checkbox"/> Dudley	<input type="checkbox"/> Lyric	<input type="checkbox"/> Zygmunt Arendt

Optional Information (This information helps us better serve you and is confidential.)

- Are you working with any other program or agency? Yes No
- Agency Name: _____
- May we contact this agency to coordinate services? Yes No Release signed

For staff only. Do not complete.

Household Information

Household: a group of people (family members, domestic partners, etc.) who share living expenses.

<input type="checkbox"/> Single female headed household	<input type="checkbox"/> Single male headed household
<input type="checkbox"/> Dual headed household	
# of Family at Home Address: _____	# in Household: _____
Total Family Income: _____	Total Household Income: _____
Total estimated income for next 12 months for all household members _____	

(CIRCLE correct income level. If number of family members is greater than 8, refer to instruction sheet.)

Family of:	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Extremely Low Income	\$0 <22,450	\$0 <25,650	\$0 <28,850	\$0 <32,050	\$0 <34,650	\$0 <37,200	\$0 <39,750	\$0 <42,350
Low Income	\$22,451 - 37,400	\$25,651 - 42,750	\$28,851 - 48,100	\$32,051 - 53,400	\$34,651 - 57,700	\$37,201 - 61,950	\$39,751 - 66,250	\$42,351 - 70,500
Moderate Income	\$37,401 - 59,850	\$42,751 - 68,400	\$48,101 - 76,950	\$53,401 - 85,450	\$57,701 - 92,300	\$61,951 - 99,150	\$66,251 - 106,000	\$70,501 - 112,800
Above Moderate Income	\$59,851 or greater	\$68,401 or greater	\$76,951 or greater	\$85,451 or greater	\$92,301 or greater	\$99,151 or greater	\$106,001 or greater	\$112,801 or greater

INCOME CERTIFICATION

Interviewer: **Check** the income level of the client and indicate below the source of information used to verify this information. Please see instruction sheet to help with completion.

- CalWorks
 Food Stamps
 Medi-CAL
 Unemployment(check stub)
 Tax Return (most recent)
 SSI**
 Payroll Stub**
 Other (i.e. public housing/foster care)** _____

(**current-within 2 months)

- Self certified. Please explain: _____

I hereby certify that, to the best of my knowledge, the above statements are true and correct. I understand this information is subject to verification only by authorized HUD (U.S. Department of Housing & Urban Development)/CDBG officials.

Student Signature: _____ Date: _____

Student Printed Name: _____

Staff Signature: _____ Date: _____

Staff Printed Name: _____