

Household Members - Additional household members' page.

Relationship to Applicant	Self			
Name				
Date of Birth				
Social Security #				
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
US Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Military Status	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> N/A	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> N/A	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> N/A	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> N/A
Disabling Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Cash Benefits (Check All That Apply)	<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> WIC (Supplemental Nutrition Program for Women, Infants, and Children) <input type="checkbox"/> Housing Choice Voucher (HUD Voucher) <input type="checkbox"/> PSH (Permanent Supportive Housing) <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other:	<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> WIC (Supplemental Nutrition Program for Women, Infants, and Children) <input type="checkbox"/> Housing Choice Voucher (HUD Voucher) <input type="checkbox"/> PSH (Permanent Supportive Housing) <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other:	<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> WIC (Supplemental Nutrition Program for Women, Infants, and Children) <input type="checkbox"/> Housing Choice Voucher (HUD Voucher) <input type="checkbox"/> PSH (Permanent Supportive Housing) <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other:	<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> WIC (Supplemental Nutrition Program for Women, Infants, and Children) <input type="checkbox"/> Housing Choice Voucher (HUD Voucher) <input type="checkbox"/> PSH (Permanent Supportive Housing) <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other:
Employment (Check All That Apply) For those 18+	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed ≤ 6 months <input type="checkbox"/> Unemployed > 6 months <input type="checkbox"/> Not in Labor Force	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed ≤ 6 months <input type="checkbox"/> Unemployed > 6 months <input type="checkbox"/> Not in Labor Force	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed ≤ 6 months <input type="checkbox"/> Unemployed > 6 months <input type="checkbox"/> Not in Labor Force	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed ≤ 6 months <input type="checkbox"/> Unemployed > 6 months <input type="checkbox"/> Not in Labor Force
Farmworker (Select One)	<input type="checkbox"/> N/A <input type="checkbox"/> Full-Time Farmer <input type="checkbox"/> Migrant Seasonal Farmworker <input type="checkbox"/> Seasonal Farmworker	<input type="checkbox"/> N/A <input type="checkbox"/> Full-Time Farmer <input type="checkbox"/> Migrant Seasonal Farmworker <input type="checkbox"/> Seasonal Farmworker	<input type="checkbox"/> N/A <input type="checkbox"/> Full-Time Farmer <input type="checkbox"/> Migrant Seasonal Farmworker <input type="checkbox"/> Seasonal Farmworker	<input type="checkbox"/> N/A <input type="checkbox"/> Full-Time Farmer <input type="checkbox"/> Migrant Seasonal Farmworker <input type="checkbox"/> Seasonal Farmworker
Income Sources (Check All That Apply)	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFI <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Retirement <input type="checkbox"/> Annuity <input type="checkbox"/> Unemployment <input type="checkbox"/> EITC <input type="checkbox"/> VA Benefits <input type="checkbox"/> AABD <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Workman's comp <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFI <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Retirement <input type="checkbox"/> Annuity <input type="checkbox"/> Unemployment <input type="checkbox"/> EITC <input type="checkbox"/> VA Benefits <input type="checkbox"/> AABD <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Workman's comp <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFI <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Retirement <input type="checkbox"/> Annuity <input type="checkbox"/> Unemployment <input type="checkbox"/> EITC <input type="checkbox"/> VA Benefits <input type="checkbox"/> AABD <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Workman's comp <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFI <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Retirement <input type="checkbox"/> Annuity <input type="checkbox"/> Unemployment <input type="checkbox"/> EITC <input type="checkbox"/> VA Benefits <input type="checkbox"/> AABD <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Workman's comp <input type="checkbox"/> Other <input type="checkbox"/> None
Health Insurance (Check All That Apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military Health Care <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment Based	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military Health Care <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment Based	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military Health Care <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment Based	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military Health Care <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment Based
Education (Select One) For those 16+	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12, Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College <input type="checkbox"/> 2 or 4-Year College Graduate <input type="checkbox"/> Trade School or Other	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12, Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College <input type="checkbox"/> 2 or 4-Year College Graduate <input type="checkbox"/> Trade School or Other	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12, Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College <input type="checkbox"/> 2 or 4-Year College Graduate <input type="checkbox"/> Trade School or Other	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12, Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College <input type="checkbox"/> 2 or 4-Year College Graduate <input type="checkbox"/> Trade School or Other