

**ADDITIONAL HOUSEHOLD MEMBERS**

Please complete for every person living in the same Household (family and friends).

Household Member Name (as it appears on photo id)

\_\_\_\_\_

*First* *Middle* *Last*

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employed Status:

If unemployed, is this due to lack of transportation? \_\_\_Yes \_\_\_No

\_\_\_\_\_  
Relationship Primary Language Marital Status Gender? Veteran? Homeless? Disabled?

Head of Household? \_\_\_Yes \_\_\_No

Hispanic? (check one) \_\_\_Yes \_\_\_No

Race: (check only one)

---

Household Member Name (as it appears on photo id)

\_\_\_\_\_

*First* *Middle* *Last*

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employed Status:

If unemployed, is this due to lack of transportation? \_\_\_Yes \_\_\_No

\_\_\_\_\_  
Relationship Primary Language Marital Status Gender? Veteran? Homeless? Disabled?

Hispanic? (check one) \_\_\_Yes \_\_\_No

Race: (check only one)

Head of Household? \_\_\_ Yes \_\_\_No