 Case Number: [Added by staff]

Primary Applicant: [Added by staff]

We have received your application however we need some more information from you to complete the application. Fill out this form and return it to us by [10 days from mailing – added by staff].

**We need to know the relationship of everyone who is living with you**.

Please give us your current phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**If you need assistance in completing this form, call us at 1-800-792-4884.**

\***Relationship Options:** Choose from these **the best** options to complete the question below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Spouse  | Sibling | Parent | Step-Parent | Child |
| Aunt/Uncle | Step-Sibling | Step-Child | Niece/Nephew | Cousin |
| Step-Aunt/Uncle | Ex-Spouse | Grandchild | Grandparent | Foster Child |
| Parent-in-Law | Sibling-in-Law | Step-Grandchild | Step-Grandparent | Foster Parent |
| Guardian/Conservator | Pre-Adoptive Child | Pre-Adoptive Parent | Pre-Adoptive Siblings | Unrelated  |

|  |
| --- |
| **Relationship** We need to know how each household member is related to each other. **Please fill out the form following the example provided.** Attach a separate piece of paper if more space is needed.***Example: Mary and Bob are married and have one son together, Steve. Mary’s niece, Janet also lives with them.*** |
| Household Member | Household Member | \*Relationship(Choose From Options Above)  |
| ***Example: Mary*** | ***is***  | ***Bob’s***  | ***Spouse*** |
| ***Mary*** | ***is***  | ***Steve’s***  | ***Parent*** |
| ***Mary*** | ***is***  | ***Janet’s*** | ***Aunt*** |
| ***Bob*** | ***is***  | ***Steve’s*** | ***Parent*** |
| ***Bob*** | ***is***  | ***Janet’s*** | ***Uncle*** |
| ***Steve*** | ***is***  | ***Janet’s*** | ***Cousin*** |
|  | *is* |  |  |
|  | *is* |  |  |
|  | *is* |  |  |
|  | *is* |  |  |
|  | *is* |  |  |
|  | *is* |  |  |

***(Continued on back)***

FOR AGENCY USE ONLY:

|  |
| --- |
| **Relationship (continued)**  |
| Household Member | Household Member | \*Relationship(Choose From Options Above)  |
|  | *is* |  |  |
|  | *is* |  |  |
|  | *is* |  |  |
|  | *is* |  |  |
|  | *is* |  |  |
|  | *is* |  |  |
|  | *is* |  |  |
|  | *is* |  |  |
|  | *is* |  |  |
|  | *is* |  |  |
|  | *is* |  |  |
|  | *is* |  |  |
|  | *is* |  |  |
|  | *is* |  |  |
|  | *is* |  |  |

|  |
| --- |
| **Changes in Household or Income in the last 3 months** |
| Has anyone moved in or out of your home in the last 3 months? |  No Yes |
| If yes, tell us about the household changes: |  |
| Have there been any changes in the household income in the last 3 months? |  No Yes |
| If yes, tell us about the income changes: |  |

|  |
| --- |
| **Federal Income Tax Information** We need information about how you plan to file your taxes next year. Please start with the Head of Household.For Question 1 – “Does this person plan to file a federal income tax return?” Answer YES if the person will be listed at the top of the tax return or will file jointly with a spouse. Answer NO if the person is a dependent on someone’s tax return or not filing. Answer all 4 questions for each person in the household.**Fill out the form following the example provided. If you need assistance in completing this form please call 1-800-792-4884.** If more space is needed, please attach a separate piece of paper. ***Example: Jon and Ana plan to file a joint tax return and will include their daughter Grace as a dependent on their tax return.*** |
|  |  | **Question 1** | **Question 2** | **Question 3** | **Question 4** |
| **Name of Household Member** | **Date of Birth** | Does this person plan to file a federal income tax return? | Will this person file jointly with a spouse? If yes, please list name of spouse  | Does this person have any dependents they will claim on their tax return that are ***not*** in the household?  | If yes, list name(s) of dependents | Will this person be claimed as a dependent on someone’s tax return?  | If yes, list the name of the tax filer who will claim this person | How is this person related to the tax filer who will claim them?  |
| ***Example: Jon*** | ***10/01/1978*** |  No X Yes |  No X YesName: ***Ana*** |  X No Yes |  |  X No Yes |  |  |
| ***Example: Ana*** | ***10/02/1978*** |  No X Yes |  No X Yes Name: ***Jon*** |  X No Yes |  |  X No Yes |  |  |
| ***Example: Grace*** | ***10/01/2001*** |  X No Yes |  X No Yes Name: |  X No Yes |  |  No X Yes | ***Jon*** | ***Child*** |
|  |  |  No Yes |  No YesName:  |  No Yes |  |  No Yes |  |  |
|  |  |  No Yes |  No YesName:  |  No Yes |  |  No Yes |  |  |
|  |  |  No Yes |  No YesName:  |  No Yes |  |  No Yes |  |  |
|  |  |  No Yes |  No YesName:  |  No Yes |  |  No Yes |  |  |

***(Continued on back)***

|  |
| --- |
| **Federal Income Tax Information (Continued)** |
|  |  | **Question 1** | **Question 2** | **Question 3** | **Question 4** |
| **Name of Household Member** | **Date of Birth** | Does this person plan to file a federal income tax return? | Will this person file jointly with a spouse? If yes, please list name of spouse | Does this person have any dependents they will claim on their tax return that are ***not*** in the household?  | If yes, list name(s) of dependents | Will this person be claimed as a dependent on someone’s tax return?  | If yes, list the name of the tax filer who will claim this person | How is this person related to the tax filer who will claim them?  |
|  |  |  No Yes |  No YesName:  |  No Yes |  |  No Yes |  |  |
|  |  |  No Yes |  No YesName:  |  No Yes |  |  No Yes |  |  |
|  |  |  No Yes |  No YesName:  |  No Yes |  |  No Yes |  |  |
|  |  |  No Yes |  No YesName:  |  No Yes |  |  No Yes |  |  |
|  |  |  No Yes |  No YesName:  |  No Yes |  |  No Yes |  |  |
|  |  |  No Yes |  No YesName:  |  No Yes |  |  No Yes |  |  |
|  |  |  No Yes |  No YesName:  |  No Yes |  |  No Yes |  |  |
|  |  |  No Yes |  No YesName:  |  No Yes |  |  No Yes |  |  |
|  |  |  No Yes |  No YesName:  |  No Yes |  |  No Yes |  |  |
|  |  |  No Yes |  No YesName:  |  No Yes |  |  No Yes |  |  |