

ECHO INC - REQUIRED STATISTICAL DATA

Last Name

First Name

SSN

Date

Address

State

Zip

Phone Number

Gross Monthly Income

Family Size

Housing Type:

Housing Info:

Rent / Mortgage amount per month

Family Type:

Source of Income:

- Employed Full Time
- Employed Part Time
- Social Security
- SSI / SSD
- Child Support
- Pension
- TANF
- Unemployment Ins.

Other Benefits:

- SNAP - \$
- Low Income Housing
- NHA
- WIC
- None of the above

LIST ALL HOUSEHOLD MEMBERS							Ethnicity					Education			Insurance			Military						
Name of ALL Household Members	AGE	SEX	Birth Date	DISABLED	Social Security Number	Relation	Black	Caucasia	Hispanic	Native	Asian	Other	0 - 8	9 - 12	Grad/GED	12+ Sps	2-4	Unknown	Health	Medicaid	Medicare	Active	Veteran	
						Self																		

I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge. This certification is be made in connection with the receipt of Federal, State, and/or local assistance.  
 Program officials may verify information on this form. I understand that deliberate misrepresentation may subject me to Civil or Criminal prosecution under State and Federal statutes.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ECHO Inc. Staff Signature

\_\_\_\_\_  
Date