



CLIENT INFORMATION

Name _____ Male ____ Female ____
 Address / Apt. # _____ Marital Status ____
 Daytime Phone _____ Other Phone _____ SSN _____
 Email address _____
 Who in the household is working now and their type of work? _____

 Does anyone in household own a business or other property? _____

HOUSEHOLD INFORMATION (include additional members and information on a separate sheet)

Names of Members in Household* (as defined below)	Relationship to You	Date of Birth
	Applicant	

***Household** (as defined by the Ohio Department of Development): *All persons who share a common kitchen or bath.* Tax dependent college students who are absent from the household solely because of college attendance must be included on your application for the determination of eligibility. They may not apply for assistance as a separate household.

Information provided is confidential. The Program provides emergency food supplies, special holiday baskets, and other services to eligible Westlake residents. By your signature, you indicate that you are accepting these services in good faith and that you release the City of Westlake and its agents and the Program and its representatives from liability or responsibility now and in the future.

Please note: It is **YOUR** responsibility to immediately report any changes to the information on this form (**front and back**), including contact information, employment, family size, and income.

I declare under penalty of perjury, under the laws of the State of Ohio, that all statements contained in this application (front and back) and any accompanying documents are true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial.

Client's Signature _____ Date _____

HOUSEHOLD INCOME (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Wages | <input type="checkbox"/> Child Support \$ _____
(show amount) | <input type="checkbox"/> Unearned income paid to or on behalf of minors |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Alimony | <input type="checkbox"/> Disability Income / Black Lung |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Lump Sum Distribution | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Savings | <input type="checkbox"/> Rental Property | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Stock / Annuities | <input type="checkbox"/> Medicare | <input type="checkbox"/> Utility Allowance |
| <input type="checkbox"/> Capital Gains | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Homestead Exemption |
| <input type="checkbox"/> Dividends / Interest | <input type="checkbox"/> Unemployment | <input type="checkbox"/> HEAP or PIPP Plus |
| <input type="checkbox"/> VA Pension or Disability | <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> SNAP (Food Stamps) |
| <input type="checkbox"/> Active Military Pay | <input type="checkbox"/> Cash gifts | <input type="checkbox"/> Ohio Works First |
| <input type="checkbox"/> Estate/Trust Settlements | <input type="checkbox"/> Immigrant Relocation Allowance | <input type="checkbox"/> Adoption/Foster Car |

***Household income** (as defined by the Ohio Department of Development): The gross income of all household members, except wage or salary income earned by dependent minors under 18 years of age. Head of household and spouse may never be considered as minors.

No income (explain how you pay your bills): _____

PROVIDE THE FOLLOWING INFORMATION

Combined gross income of everyone in your household: **proof of residency and income required**

1 person - no more than \$25,760
 2 people - no more than \$34,840
 3 people - no more than \$43,920
 4 people - no more than \$53,000
 5 people - no more than \$62,080
 6 people - no more than \$71,160
 7 people - no more than \$80,240
 8 people - no more than \$89,320

For households with more than 8 people, add \$9,320 per person.

Please reserve a food basket under my name for:

Easter – Thursday, March 25
 Thanksgiving
 Christmas

For office use only:

SL MB
 DF LG
 OTHER: _____

Fixed Expenses	Monthly	Balance
House / Rent payment		
House taxes, Association fees		-----
House / Rental insurance		-----
Car: Year _____ Make _____ Gasoline, car repairs		
Car: Year _____ Make _____ Gasoline, Car repairs		
Car(s) insurance		-----
Medical / Dental bills		
Credit Card debt		
Home equity loans		
Utility bills (gas, electric, water, sewer, landline)		-----
Cell phone(s)		-----
Cable / Internet access		-----
Childcare		-----
Clothing / Other expenses		-----