



Contact Information

Name: _____ Phone Number: _____

Email: _____

What is your marital status?

- Single (Never Married)
- Divorced (Do you have a divorce decree / certificate?) Yes No
- Separated more than 6 months (your spouse lived in a different address more than 6 months during the tax year)
- Separation Agreement (Do you have a physical document?) Yes No
- Widow (When did your spouse died?) Date: _____

Other Questions:

- Can you prove you pay for the utilities and the rent where you live? Yes No
- Do you receive Child Support? Yes No
- Do you receive Child Care Assistance (4C)? Yes No
- Do you receive Food Stamps? Yes No
- Do you receive assistance to pay the rent? Yes No
- Do you receive any other assistance not mentioned? Yes No

Notes:
