

Personal Data Form

Personal Information

Name			Drivers License		
Residence Address				Apt. #	
Mailing Address				Apt. #	
City		State		Zip	
Hm Phone () -	Cell () -	DOB - -		SSN - -	
E-Mail Address					
Nearest Relative/Emergency Contact Not Living With You				Phone: () -	

Income/Expenses

Monthly Household Expenses	Income Source	Applicant's Income	Spouse's Income
House Pmt <input type="checkbox"/> Rent <input type="checkbox"/> \$	<input type="checkbox"/> Full Time	<input type="checkbox"/> Hourly	<input type="checkbox"/> Hourly
Gas/Electricity \$	<input type="checkbox"/> Part Time	<input type="checkbox"/> Weekly	<input type="checkbox"/> Weekly
Water/Sewer \$		<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Bi-Weekly
Telephone \$	Gross Pay \$	\$ <input type="checkbox"/> Mo	\$ <input type="checkbox"/> Mo
Cable \$		<input type="checkbox"/> Wk	<input type="checkbox"/> Wk
		<input type="checkbox"/> Hr	<input type="checkbox"/> Hr
Food \$	Take Home Pay \$	<input type="checkbox"/> Mo	\$ <input type="checkbox"/> Mo
Auto, Fuel \$	Unemployment/Disability \$	<input type="checkbox"/> Mo	\$ <input type="checkbox"/> Mo
Auto, Insurance \$	Soc Sec/VA Benefits \$	<input type="checkbox"/> Mo	\$ <input type="checkbox"/> Mo
Child Care/Support \$	Retirement/Other \$	<input type="checkbox"/> Mo	\$ <input type="checkbox"/> Mo
Wage Assign. or Garn. \$	Welfare/TANF \$	<input type="checkbox"/> Mo	\$ <input type="checkbox"/> Mo
# of Children in Household	Child/Spousal Support \$	<input type="checkbox"/> Mo	\$ <input type="checkbox"/> Mo
Children's Ages	Food Stamps \$	<input type="checkbox"/> Mo	\$ <input type="checkbox"/> Mo
Other \$	Other \$	<input type="checkbox"/> Mo	\$ <input type="checkbox"/> Mo

Assets/Debts

What do you own	Present Value	Amount Owing	
House	\$	\$	Address
Car or other vehicle	\$	\$	Year - Model -
Cash in Bank	\$	\$	Bank - Branch -

Employment Information – REQUIRED

Employer	Business Name	How Long?
Street Address		
City	State	Zip
Work Telephone () - Ext.	Title	Supervisor

I certify that the foregoing personal data form is a complete and accurate statement of my financial situation and that I have no other additional income or assets whatsoever. I authorize my employer to release verification of my employment status to the Revenue Recovery Team of the County of Humboldt. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature _____

Date _____