



## Income Information

Name of Person Receiving Income	Date	Source	Monthly Gross	6 month Total

Please indicate income from FAIM, Self-Employment, Food Stamps, SSI, VA, General Assistance, Social Security, Wages, Unemployment, Interest Income, Retirement Income, Property Income, Alimony, Child Support, Worker's Compensation, Medicare, Education Grants and any other additional Income.

## Residence Information

<input type="checkbox"/> Multifamily	<input type="checkbox"/> Single Family	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> None
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### Please Read the Following, Initial, Sign and Date where Indicated

- The collection of personal information on clients is essential to the provision of services at District VI HRDC. Information is collected and stored in the agency Central Database System. Only HRDC and its funding sources access this information.
- I certify, under penalty or perjury, that all my answers are correct and complete to the best of my knowledge, including information about each household member.
- I am also aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury if I intentionally supplied inaccurate or misleading information. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I have been advised of equal opportunity and appeal rights and the Privacy Act of 1974.
- I give consent to the HRDC Employment and Training Staff to obtain the following information from other agencies and individuals: medical, psychological, educational, social, legal, financial, family size and residency, police or sheriff's department records. All information will be held strictly confidential according to HRDC regulations. This includes all members of the household, listed above.
- I give consent to the HRDC Employment and Training Staff to release the above stated information to agencies or persons whose objectives are to serve me and who can give adequate assurance that: 1 - the confidential character of the information will be preserved; 2 - the information will be used for the purpose for which it is made available.
- District VI HRDC offers all programs without regard to race, color, sex, national origin or handicap. Please direct all issues of compliance to Cherelee Martin, 300 First Ave North, Suite 203, Lewistown MT 59457. You may also phone at 406/538-7488 or 800/766-3018.

X	
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Signature of Applicant

Date

X	
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Signature of Parent of Guardian (if applicant is under 18)

Date

X	
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Signature of interviewer

Date

HH#:	Entered:	Program:
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For office use ONLY