

## Shelter Plus Care Program Household Composition Form

Name of Participant: \_\_\_\_\_

Number of Individuals in Household: \_\_\_\_\_

### Household Members

Name	Relationship	DOB	SS#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A. Income Sources:  
Sources:

Monthly Amount:

B. Other Assistance

No financial resources

None

Supplemental Security Income (SSI) \$ \_\_\_\_\_

Food Stamps

Supplemental Security Disability Income (SSDI) \$ \_\_\_\_\_

MaineCare

Social Security \$ \_\_\_\_\_

Medicaid

Employment income \$ \_\_\_\_\_

Other. Specify:  
\_\_\_\_\_

General Public Assistance \$ \_\_\_\_\_

Unemployment benefits \$ \_\_\_\_\_

C. Medical & Other Expenses:

TANF \$ \_\_\_\_\_

\$ \_\_\_\_\_

Other \$ \_\_\_\_\_

1. Is anyone in the household (including participant) receiving the following?

SSDI     SSI     VA Pension     No

If yes, please provide names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Is anyone in the household receiving TANF benefits?

Yes  No

If yes, provide name(s) of person(s): \_\_\_\_\_

Please provide the names of the children if they are not listed on the front page.

\_\_\_\_\_  
\_\_\_\_\_

3. Is anyone in the household receiving child support?

Yes  No

If yes, provide name(s) of person(s): \_\_\_\_\_

Please provide the names of the children if they are not listed on the front page.

\_\_\_\_\_  
\_\_\_\_\_

4a. Is anyone in the household who is 18 years or older currently employed?\*

Yes  No

If yes, please provide the name(s) of the person(s) working:

\_\_\_\_\_  
\_\_\_\_\_

- **For each person in the household who is working, please submit 4 most recent pay stubs or IRS form , i.e., 4506 tax form or signed employee verification letter including salary information to the Housing Office.**

4b. **If no**, is anyone in the household who is 18 years or older currently looking for work?

Yes  No

4c **If yes**, how many hours are you working? \_\_\_\_\_ Hours

Employment type: \_\_\_\_\_ Permanent  
\_\_\_\_\_ Temporary  
\_\_\_\_\_ Seasonal

5. Is anyone in the household receiving subsidized housing assistance other than participant?

Yes  No

If yes, please indicate the subsidy program: \_\_\_\_\_

Tenant's Certification: I/We certify the information contained in this form is true and complete to the best of my/our knowledge and belief. I/We understand that I/We may be subject to legal action and/or eviction and/or immediate termination from the Shelter Plus Care if I/We furnish false, misleading, and/or incomplete information. Intentionally submitting false or incomplete information may be punishable by up to 10 years imprisonment.

\_\_\_\_\_  
*Participant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Participant Signature*

\_\_\_\_\_  
*Date*