



# HOUSEHOLD INFORMATION

\*Clients that are 18 years or older must only put their spouse or dependents.

NUMBER OF HOUSEHOLD MEMBERS (18 YEARS OR OLDER): \_\_\_\_\_

NUMBER OF HOUSEHOLD MEMBERS (UNDER 18 YEARS): \_\_\_\_\_

Does any household member receive income from one or more of the following?

**PLEASE CHECK ALL THAT APPLY.**

- Employment     
  Retirement     
  Unemployment     
  Other  
 SSI   
  SSA     
  Disability     
  Child Support     
  Alimony

Please list all household members below:

| NAME<br>(Last, First Middle) | RELATION<br>TO CLIENT | DATE OF<br>BIRTH | WORKING |   |
|------------------------------|-----------------------|------------------|---------|---|
|                              |                       |                  | Y       | N |
|                              |                       |                  |         |   |
|                              |                       |                  |         |   |
|                              |                       |                  |         |   |
|                              |                       |                  |         |   |
|                              |                       |                  |         |   |
|                              |                       |                  |         |   |
|                              |                       |                  |         |   |

Please list all household income below (a household member may have multiple entries):

| PERSON RECEIVING INCOME<br>(Last, First Middle) | TYPE OF<br>INCOME | WORK HOURS<br>(if applicable) | HOW OFTEN<br>RECEIVE | GROSS AMOUNT<br>(before deductions) |
|---|-------------------|-------------------------------|----------------------|-------------------------------------|
|   |                   |                               |                      |                                     |
|   |                   |                               |                      |                                     |
|   |                   |                               |                      |                                     |
|   |                   |                               |                      |                                     |
|   |                   |                               |                      |                                     |
|   |                   |                               |                      |                                     |

**ACCEPTABLE PROOF OF INCOME (at least one of the following must accompany the application)**

- Two (2) consecutive paystubs
- Tax return from previous year, if self employed
- Court order, detailing amount of child support
- One (1) benefit letter, if receiving SSI, SSA, or Disability
- Two (2) bank statements
- Letter from responsible adult’s employer showing wage and how many hours worked.

If you have none of the above information and have no income, you will need to supply Family Service of Roanoke Valley with a letter signed by the person who is supporting you.

**AUTHORIZATION FOR INFORMATION**

I authorize Family Service of Roanoke Valley to obtain and use any verification necessary to both determine and review financial eligibility. This authorization is valid for one year from the date of my signature below. I understand that this time limit does not apply as long as my case is open.

I hereby apply for a subsidy of professional service fees for which I am responsible. I certify that the information I have provided in this application is true and correct, and that I will notify the agency of changes in the information within ten (10) days of the change. I understand that providing false information, or failure to notify the agency of changes, may result in my future ineligibility for services.

**Client/Rep Signature:** \_\_\_\_\_

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

**FSRV Representative:** \_\_\_\_\_

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