



PART VI. HOUSEHOLD MEMBER INFORMATION

To include with: **RENTAL, MORTGAGE, & UTILITY ASSISTANCE APPLICATION**
 MARICOPA COUNTY HUMAN SERVICES DEPARTMENT

Please complete the following section, Part VI. Household Member Information, for each additional person living in the household. Please turn in this form to your local CAP office with the rest of your completed MCHSD Rental, Mortgage, and Utility Assistance Application.

| PART VI. HOUSEHOLD MEMBER INFORMATION Please complete for each individual living in the household. | | | | | | |
|--|---|--|---|----------------------------------|--------------------------------|-----------------------------------|
| FIRST NAME | | LAST NAME | | M.I. | DATE OF BIRTH | |
| | | | | | | |
| PHONE NUMBER | | | EMAIL ADDRESS | | | |
| | | | | | | |
| RELATIONSHIP TO APPLICANT | | PRIMARY LANGUAGE | | | | |
| | | | | | | |
| GENDER SELF-IDENTIFY AS Please check 1 option. | | | | | | |
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender Female | <input type="checkbox"/> Non-Binary/Non-Conforming | <input type="checkbox"/> Prefer to self-describe | | | |
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender Male | <input type="checkbox"/> Do not identify with a gender | <input type="checkbox"/> Prefer not to answer | | | |
| If selected "Prefer to self-describe," please enter your response: _____ | | | | | | |
| RACE AND ETHNICITY Please check all that apply. | | | | | | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Middle Eastern or North African | | | | | |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White | | | | | |
| <input type="checkbox"/> Hispanic, Latino, or Spanish | <input type="checkbox"/> Other Ethnicity: _____ | | | | | |
| <input type="checkbox"/> Indigenous Peoples, Native American, or Alaskan Native | <input type="checkbox"/> Prefer not to answer | | | | | |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | | | | | | |
| HIGHEST GRADE COMPLETED Please check 1 option. | | | | | | |
| <input type="checkbox"/> Pre-K | <input type="checkbox"/> First | <input type="checkbox"/> Third | <input type="checkbox"/> Fifth | <input type="checkbox"/> Seventh | <input type="checkbox"/> Ninth | <input type="checkbox"/> Eleventh |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Second | <input type="checkbox"/> Fourth | <input type="checkbox"/> Sixth | <input type="checkbox"/> Eighth | <input type="checkbox"/> Tenth | <input type="checkbox"/> Twelfth |
| HIGHEST CREDENTIAL/ POSTSECONDARY LEVEL COMPLETED Please check 1 option. | | | | | | |
| <input type="checkbox"/> None completed | <input type="checkbox"/> Vocational/Technical Degree | | <input type="checkbox"/> Professional Degree | | | |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Associate Degree | | <input type="checkbox"/> Doctorate Degree | | | |
| <input type="checkbox"/> GED | <input type="checkbox"/> Bachelor's Degree | | | | | |
| <input type="checkbox"/> 1+ years of Postsecondary Education | <input type="checkbox"/> Master's Degree | | | | | |
| EMPLOYMENT STATUS Please check 1 option. | | | | | | |
| <input type="checkbox"/> Student w/ No Employment | <input type="checkbox"/> Employed thru Casual/Contract Work | | <input type="checkbox"/> Unemployed and Job Searching | | | |
| <input type="checkbox"/> Student w/ Part-Time Employment | <input type="checkbox"/> Employed Part-Time | | <input type="checkbox"/> Unemployed and not Job Searching | | | |
| <input type="checkbox"/> Student w/ Full-Time Employment | <input type="checkbox"/> Employed Full-Time | | <input type="checkbox"/> Retired | | | |
| <input type="checkbox"/> Self-Employed | <input type="checkbox"/> Furloughed | | | | | |
| LIVE WITH A DISABILITY | | CURRENTLY PREGNANT | | HAVE INSURANCE | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |



INSURANCE Please check all that apply.

- | | | | |
|-----------------------------------|---|--|--|
| <input type="checkbox"/> AHCCCS | <input type="checkbox"/> Dental | <input type="checkbox"/> COBRA | <input type="checkbox"/> Direct Purchase |
| <input type="checkbox"/> ALTCS | <input type="checkbox"/> SCHIP | <input type="checkbox"/> Employer Provided | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> VA Medical Services | <input type="checkbox"/> State Health Insurance for Adults | <input type="checkbox"/> Other |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Indian Health Services | <input type="checkbox"/> Military Health Care | |

CURRENTLY LIVE IN THE HOUSEHOLD

Yes

No