



Case Number: [Added by staff]  
Primary Applicant: [Added by staff]

We have received your application however we need some more information from you to complete the application. Fill out this form and return it to us by [10 days from mailing – added by staff].

**We need to know the relationship of everyone who is living with you.**

Please give us your current phone number: \_\_\_\_\_

Name of Person completing form: \_\_\_\_\_

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

**If you need assistance in completing this form, call us at 1-800-792-4884.**

**\*Relationship Options:** Choose from these **the best** options to complete the question below:

- |                      |                    |                     |                       |               |
|----------------------|--------------------|---------------------|-----------------------|---------------|
| Spouse               | Sibling            | Parent              | Step-Parent           | Child         |
| Aunt/Uncle           | Step-Sibling       | Step-Child          | Niece/Nephew          | Cousin        |
| Step-Aunt/Uncle      | Ex-Spouse          | Grandchild          | Grandparent           | Foster Child  |
| Parent-in-Law        | Sibling-in-Law     | Step-Grandchild     | Step-Grandparent      | Foster Parent |
| Guardian/Conservator | Pre-Adoptive Child | Pre-Adoptive Parent | Pre-Adoptive Siblings | Unrelated     |

**Relationship**

We need to know how each household member is related to each other. **Please fill out the form following the example provided.** Attach a separate piece of paper if more space is needed.

**Example: Mary and Bob are married and have one son together, Steve. Mary's niece, Janet also lives with them.**

Household Member		Household Member	*Relationship (Choose From Options Above)
<b>Example: Mary</b>	<b>is</b>	<b>Bob's</b>	<b>Spouse</b>
<b>Mary</b>	<b>is</b>	<b>Steve's</b>	<b>Parent</b>
<b>Mary</b>	<b>is</b>	<b>Janet's</b>	<b>Aunt</b>
<b>Bob</b>	<b>is</b>	<b>Steve's</b>	<b>Parent</b>
<b>Bob</b>	<b>is</b>	<b>Janet's</b>	<b>Uncle</b>
<b>Steve</b>	<b>is</b>	<b>Janet's</b>	<b>Cousin</b>
	<i>is</i>		
	<i>is</i>		
	<i>is</i>		
	<i>is</i>		
	<i>is</i>		
	<i>is</i>		

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FOR AGENCY USE ONLY:



**Federal Income Tax Information**

We need information about how you plan to file your taxes next year. Please start with the Head of Household.

For Question 1 – “Does this person plan to file a federal income tax return?” Answer YES if the person will be listed at the top of the tax return or will file jointly with a spouse. Answer NO if the person is a dependent on someone’s tax return or not filing. Answer all 4 questions for each person in the household.

Fill out the form following the example provided. If you need assistance in completing this form please call 1-800-792-4884. If more space is needed, please attach a separate piece of paper.

**Example: Jon and Ana plan to file a joint tax return and will include their daughter Grace as a dependent on their tax return.**

Name of Household Member	Date of Birth	Question 1	Question 2	Question 3		Question 4		
		Does this person plan to file a federal income tax return?	Will this person file jointly with a spouse? If yes, please list name of spouse	Does this person have any dependents they will claim on their tax return that are <b>not</b> in the household?	If yes, list name(s) of dependents	Will this person be claimed as a dependent on someone’s tax return?	If yes, list the name of the tax filer who will claim this person	How is this person related to the tax filer who will claim them?
<b>Example: Jon</b>	<b>10/01/1978</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Name: <b>Ana</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Example: Ana</b>	<b>10/02/1978</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Name: <b>Jon</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Example: Grace</b>	<b>10/01/2001</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Name:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Jon</b>	<b>Child</b>
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes Name:	<input type="checkbox"/> No <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"/> Yes Name:	<input type="checkbox"/> No <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"/> Yes Name:	<input type="checkbox"/> No <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"/> Yes Name:	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes		

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**Federal Income Tax Information (Continued)**

		Question 1	Question 2	Question 3		Question 4		
Name of Household Member	Date of Birth	Does this person plan to file a federal income tax return?	Will this person file jointly with a spouse? If yes, please list name of spouse	Does this person have any dependents they will claim on their tax return that are <b>not</b> in the household?	If yes, list name(s) of dependents	Will this person be claimed as a dependent on someone's tax return?	If yes, list the name of the tax filer who will claim this person	How is this person related to the tax filer who will claim them?
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes Name:	<input type="checkbox"/> No <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"/> Yes Name:	<input type="checkbox"/> No <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"/> Yes Name:	<input type="checkbox"/> No <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"/> Yes Name:	<input type="checkbox"/> No <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"/> Yes Name:	<input type="checkbox"/> No <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"/> Yes Name:	<input type="checkbox"/> No <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"/> Yes Name:	<input type="checkbox"/> No <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"/> Yes Name:	<input type="checkbox"/> No <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"/> Yes Name:	<input type="checkbox"/> No <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"/> Yes Name:	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes		