

Household Member Information Form (7/2016)

*Last Name		*First Name		MI	*SSN (required if primary) ____-____-____	*DOB ____/____/____	
*Relation to Primary <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative		*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other		Education (24 Years or Older) <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 Year College Graduate Included in Calculation <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No Military Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
* Last Name		* First Name		MI	*SSN (required if secondary) ____-____-____	*DOB ____/____/____	
*Relation to Primary <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative Secondary Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No		*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other		Education (24 Years or Older) <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 Year College Graduate Included in Calculation <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No Military Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
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Note: All fields designated with an (*) are required information. SSN's for the primary and secondary applicants are also required.