### Household Member Information Form (7/2016)

<table>
<thead>
<tr>
<th><em>Last Name</em></th>
<th><em>First Name</em></th>
<th>MI</th>
<th><em>SSN (required if primary)</em></th>
<th><em>DOB</em></th>
</tr>
</thead>
</table>

#### *Relation to Primary*
- Self
- Spouse
- Partner
- Child
- Other Relative
- Other Non-Relative

**Gender**
- Male
- Female

**Race**
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Multi-Race
- Other

**Ethnicity**
- Hispanic or Latino
- Not Hispanic or Latino

**Education (24 Years or Older)**
- 0-8
- 9-12 Non-Graduate
- High School Graduate/GED
- 12+ Some Post-Secondary
- 2 or 4 Year College Graduate

**Included in Calculation**
- Yes
- No

**Disabled**
- Yes
- No

**Military Veteran**
- Yes
- No

**Health Insurance**
- Yes
- 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.