

NEW CLIENT AND CLIENT UPDATE INFORMATION SHEET

We must update our client's records each year, beginning in December and ending on January 31st. In order for us to assist you in the most efficient manner, you will need to supply us with your most current household and/or financial status information as soon as possible. Please complete the following information:

Total number of persons residing in your household _____ Telephone Number _____

Marital Status (check one) _____ Single _____ Married _____ Divorced
_____ Separated _____ Widowed

Applicant's Name: Last _____ First _____

Address: Street _____

City _____ State _____ Zip _____

Mailing Address (if different): Street _____

City _____ State _____ Zip _____

Date of Birth ____/____/____

DEPENDENTS/OCCUPANTS IN HOUSEHOLD (DO NOT INCLUDE YOURSELF HERE)

Name Relationship Date of Birth

Name	Relationship	Date of Birth

Household Monthly Income \$ _____ Social Security Income \$ _____

SSI Disability \$ _____ Retirement Income \$ _____

Do you receive Food Stamps? (check one) _____ No _____ Yes

I CERTIFY ALL INFORMATION IS TRUE AND ACCURATE. IF NOT, I WILL FORFEIT ANY FUTURE CONSIDERATION FOR ASSISTANCE FROM THE REIDSVILLE OUTREACH CENTER

CLIENT SIGNATURE _____ DATE ____/____/____

REIDSVILLE OUTREACH CENTER OFFICIAL USE ONLY

INFORMATION VERIFIED _____ YES _____ NO

EXECUTIVE DIRECTOR _____ DATE ____/____/____