



## Community Action Partnership

Huntsville/Madison & Limestone Counties Inc.

Head of Household \_\_\_\_\_

Address/City \_\_\_\_\_

Phone Number \_\_\_\_\_

Name and Phone Number Where Message Can Be Left \_\_\_\_\_

DOB \_\_\_\_\_ SSN \_\_\_\_\_

If employed, in school or in a training program, please complete the following:

Name of Employer or School \_\_\_\_\_

Address/Phone Number of Employer/School \_\_\_\_\_

Hours work or in school per week \_\_\_\_\_ Hourly Rate of Pay \_\_\_\_\_

**OTHER FAMILY MEMBERS LIVING IN HOUSEHOLD**

Last Name	First Name	SSN	DOB	Relationship	Gender

**Information required for all persons in the households:** ID, Social Security Cards or a DHR Facet printout with Social Security numbers and birthdates, Proof of income for the previous month i.e. Social Security, Disability Statement, Pay Stubs. Proof of income is required for all individuals 20 years of age or older in the household (If the income is zero you must show proof from the unemployment office). Utility Bill most recent copy or seeking deposit a application made at the utility company first, Copy of lease.