



Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Name and age of children (under the age of 18) in the household:

_____	_____	_____	_____
Name	Age	Name	Age
_____	_____	_____	_____
Name	Age	Name	Age
_____	_____	_____	_____
Name	Age	Name	Age

Total number of people in the household: \_\_\_\_\_

Total monthly income from all sources (after deductions): \_\_\_\_\_

Total monthly expenses (mortgage/rent, utilities, property taxes, home insurance, food, auto loans, gasoline, health insurance, medical expenses, child support, etc.): \_\_\_\_\_

**Public assistance currently received:** (Optional – skip this question will not adversely affect your chance of getting approval)

- Free and reduced price meals     Food stamp     Medicaid     Low-income housing  
 Virginia children's health Insurance program     Other \_\_\_\_\_

Please use the space below to provide additional information that you believe is important for the committee to consider before reaching its decision. (Additional pages may be used): \_\_\_\_\_

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I certify that the above information is complete and correct.

X \_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date