



**Employment**

Head of Household

When did employment begin? \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_

What is your rate of pay? \_\_\_\_\_ per \_\_\_\_\_

Do you receive tips, bonuses, commission? \_\_\_\_\_

Were you hired through a temp. agency? \_\_\_\_\_

If yes, agency name, address, and phone number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is there a job loss?** Yes No

Where were you working? \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Last day worked: \_\_\_\_\_

Have you applied for unemployment? \_\_\_\_\_

Yes No

<b>EID Qualification (PH/Disabled S8 only)</b>		
Has it been 12 months or longer since you last worked?	Yes	No
Have you received cash assistance in the last six months?	Yes	No

Other Adult

When did employment begin? \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_

What is your rate of pay? \_\_\_\_\_ per \_\_\_\_\_

Do you receive tips, bonuses, commission? \_\_\_\_\_

Were you hired through a temp. agency? \_\_\_\_\_

If yes, agency name, address, and phone number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is there a job loss?** Yes No

Where were you working? \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Last day worked: \_\_\_\_\_

Have you applied for unemployment? \_\_\_\_\_

Yes No

<b>EID Qualification (PH/Disabled S8 only)</b>		
Has it been 12 months or longer since you last worked?	Yes	No
Have you received cash assistance in the last six months?	Yes	No

**Child Support**

Are you receiving Child Support? Yes No

What county & state are your orders in? \_\_\_\_\_

Do you have an order for Child Support? Yes No

How many cases & what is the amount received?

Case 1 \_\_\_\_\_ Case 2 \_\_\_\_\_

Case 3 \_\_\_\_\_ Case 4 \_\_\_\_\_

**Lump Sum Disbursement**

Have you or anyone in your household received a lump sum disbursement? Yes No

If yes, what is the amount & source? \$\_\_\_\_\_ source: \_\_\_\_\_

**Benefit Approval**

I have been approved for:

Ohio Works First (OWF)	SS	SSI	SSD	Pension	Workmans Comp	Unemployment
\$_____	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____

**Child Care**

Do you pay for child care? Yes No

If yes, amount paid: \$\_\_\_\_\_ per \_\_\_\_\_

If no, when did your child care stop? \_\_\_\_\_

Do you receive help paying childcare? Yes No Who helps? \_\_\_\_\_

Name & Address of childcare provider: \_\_\_\_\_ phone: \_\_\_\_\_

*I/we certify that the information given to WMHA is accurate and complete to the best of my/our knowledge and belief. I/we understand that knowingly supplying false, inaccurate or incomplete information is punishable under Federal and Criminal law. I/we understand that supplying false, inaccurate or incomplete information is grounds for TERMINATION of Housing Assistance.*

**I/We have read and fully understand the above statements.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date