

Additional Household Members:

Date of Birth	Sex: F / M	Name	Relationship
		1	
		2	
		3	
		4	
		5	
		6	

Household Income: \$

Source of Income: _____

Household Member(s) Receiving Income: _____

If home repair, do you own your own home? Yes No

Do you have a house payment? Yes No

If yes, what is the amount? \$ _____

Total Monthly Expenses for: medical including Rx, utilities, car and/or homeowners insurance, food over food stamps, and rent if you don't own your home \$ _____

Is there any additional information you can tell us about this request?

If you have any estimates for repairs you are requesting, please include a copy.

Please Return To:
CUOC/NHN
PO Box 784
Asheboro NC 27204