

2007 Lifeline/Health Watch Income and Age Verification - New Applicants

The section below must be filled out by new applicant and the appropriate documentation must be provided.

SELF-DECLARATION OF INCOME

The total household income received in the past twelve (12) months was \$_____.
I understand that "income" means all of the money I received including, but not limited to:

- | | |
|------------------------------------|-----------------------------------|
| 1.) Gross Payroll (pre-tax amount) | 2.) Unemployment Benefits |
| 3.) Worker's Compensation | 4.) Social Security Income |
| 5.) Child Support | 6.) Alimony |
| 7.) Inheritance | 8.) Pensions and Annuity Payments |
| 9.) Any Untaxed Income | |

I further state that the sources of my income, including the time periods in which I received these sources, are listed below:

INCOME TYPE	AMOUNT	TIME PERIOD RECEIVED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I verify that all of my statements on this form are true and correct. I realize that I can be held liable under Federal and/or State law for making any knowingly false or fraudulent statements.

SIGNATURE: _____

PRINT NAME: _____

ADDRESS: _____

CITY: _____

STATE, ZIP CODE: _____

*** Documentation supporting the above disclaimer must be attached. Income verification should be provided in the form of the most recent social security statements, income tax returns and/or bank statements containing the company/agency name and direct deposit amounts. Age verification should be provided in the form of a driver's license, state identification card or birth certificate photocopy.**

SAGAMORE HILLS TOWNSHIP LIFELINE PROGRAM APPLICATION

11551 Valley View Road, Sagamore Hills, Ohio 44067 1-330-467-0900

Completed applications must be returned to the Township within seven (7) days.

Please print clearly.

Name: _____
Address: _____

Phone Number: _____
Date Of Birth: _____
Social Security Number: _____

Medical conditions or disabilities:

Doctor's Name: _____
Doctor's Address: _____

Doctor's Phone Number: _____

Respondents to be notified by LIFELINE in case of emergency.

NAME	ADDRESS	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Person to be notified if you are taken to the hospital.

Name: _____
Home Phone Number: _____ Work Phone Number: _____

Your participation in this HUD sponsored program may be funded with grants that require additional personal information. Please answer the following questions completely:

1. Select one of the following categories.

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian / Alaskan Native & White |
| <input type="checkbox"/> Indian / Alaskan Native | <input type="checkbox"/> American Indian / Alaskan Native & Black / African American |
| <input type="checkbox"/> Hawaiian / Other Pacific Islander | <input type="checkbox"/> Black / African American & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other Multi-Racial |

2. In addition to selecting one of the categories above, please indicate if you are also Hispanic / Latino? Yes No

3. Female-headed household? Yes No 4. Number of people living in your home? ____

Indemnification Clause:

I agree to hold Sagamore Hills Township harmless for any and all damages resulting to me or my property from the implementation of this program.

Signature of applicant: _____ Date: _____