



North Brevard Charities Sharing Center
4475 S. Hopkins Ave.
(321) 269-6555



SS#: _____ Full Name: _____
 _____ Last First Middle
Male/Female DOB: _____ Phone #: _____ Work Phone #: _____
 Address: _____
 _____ Street Apt. # City Zip
 Employed: **Yes/No** Employer: _____ Length of Employment: _____ **FT/PT**

Household Member Data: For reporting purposes only and not to determine eligibility (circle all that apply)

Special Needs:

Elderly Female Head of Household **Yes/No**
 Veteran/VA Medical Handicapped/Disabled
 Homeless Medicaid/Medicare? Whom? _____

Have any household members been homeless in the past 3 yrs.? **Yes/No**

* If yes, who and how many times?: _____

All other adults in the household over the age of 18

Name: _____ DOB: _____ SS#: _____ Race/Hispanic _____

Employed: **Y/N** Employer: _____ Length of Employment: _____ **FT/PT**

Name: _____ DOB: _____ SS#: _____ Race/Hispanic _____

Employed: **Y/N** Employer: _____ Length of Employment: _____ **FT/PT**

Minor children residing in the home (Under the age of 18)

Name	SS#	Birth Date	Race/Hispanic	Male/Female

Monthly Expenses	Calculations/Comments	Monthly Income
Rent/Mortgage: _____	AMI: 30% 50% 80%	Wages: _____
Gas/Electric: _____		Unemployment: _____
Water: _____	Annual Total: _____	SSI/SSD/SS: _____
Cable/Internet: _____		TANF: _____
Phone: _____	Comments: _____	Child Support: _____
Car Payment/Insurance: _____		Other Sources: _____
Health/Life Insurance: _____	_____	Food Stamps: _____
Other Monthly Expenses: _____	_____	WIC: _____
Total Monthly Expenses: _____		Total Income: _____

I certify that the above information is correct to the best of my knowledge. I understand that fraudulently representing myself could prevent me from receiving assistance from North Brevard Charities Sharing Center and could result in legal action being taken against me. _____

Signature

Date