

5) Complete the chart below for everyone living in your home, including yourself. You must verify all household income received in the last 30 days for all members of your household. In addition, for a shelter request, you must verify all household income for the next 30 days for all members of the household.

<i>Name</i>	<i>Age</i>	<i>Relationship To Applicant</i>	<i>Social Security Number</i>	<i>Total Monthly Income</i>	<i>Source of Income</i>
		SELF			

Please understand that the completion of this form is not a guarantee that funds will be paid. By signing, you grant permission for the FDCJFS to gather and report information as needed in the process.

Signature of Applicant

Date

To obtain benefit information or FCDJFS program information, please go to <https://communityportal.fcdjfs.franklincountyohio.gov/WebLogin/>