



PLEASE PRINT CLEARLY

Harris County Community Services Department
Office of Social Services

PRELIMINARY APPLICATION

OFFICE USE ONLY

BILLS
APPT. TIME
APPT. #
ES

CLIENT'S LEGAL NAME
SPOUSE OR SIGNIFICANT OTHER
MAIDEN NAME
D.O.B. AGE Male Female
SOCIAL SECURITY #

Table with 2 columns for immigration status (US BORN, NATURALIZED) and 3 rows for status types (PERMANENT RESIDENT, UNDOCUMENTED, OTHER).

RACE / ETHNICITY

Where you live currently: ADDRESS APT # CITY STATE ZIP CODE COUNTY

RENT OWN (MORTGAGE) YOUR PHONE #

LANDLORD'S NAME AND TELEPHONE NUMBER

LIST OTHER HOUSEHOLD MEMBERS

Table with 6 columns: LAST NAME, FIRST NAME, AGE, BIRTHDAY, MALE/FEMALE, SOCIAL SECURITY NUMBER

DOES ANYONE IN THE HOUSEHOLD RECEIVE SNAP/FOOD STAMPS? YES NO

HOUSEHOLD INCOME: Job Pension SSD/SSA/SSI Other None

IS YOUR RESIDENCE USED FOR BUSINESS PURPOSES? YES NO

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL THE INFORMATION ON AND ATTACHED IS TRUE, CORRECT, COMPLETE, AND PROVIDED IN GOOD FAITH.

SIGNATURE

DATE