

Aurora Housing Authority

1630 W. Plum
Aurora, IL 60506
Telephone: (630) 859-7210#107
Fax: (630) 859-7219

ROSS INTAKE APPLICATION

Date: _____

Case Number: _____

Name: _____

Social Security Number: _____

Address: _____

Date of Birth: _____

City: _____

M ___ F ___ Marital Status: _____

State/Zip Code: _____

Phone: _____

Names of other people living in household:

Full Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Race: ___ American Indian
___ African American
___ Caucasian
___ Hispanic
___ Asian
___ Other Multi Racial

Veteran Status:
___ Yes ___ No

Veteran Benefit Status:
___ Currently Receiving
___ Never Received

Employment Status: Are you employed?

___ Yes, Provide employer name, address phone, salary (monthly gross) and dates of employment

___ No, Provide previous employer name, address, phone, salary and reason for leaving

Are you physically/emotionally able to work? ___ Yes ___ No

If no, provide details: _____

Please list total monthly household income earned or unearned:

\$ _____ Received from: _____

\$ _____ Received from: _____

Education:

- Eighth grade or less
- Some High School (no Diploma or GED)
- High School graduate (GED or Diploma)
- College/Vocational School (no Degree)
- College/Vocational School (Degree)

Certificate/Diploma Type _____

Year _____

Please check if you are receiving any of the following:

- Link Card/Food Stamps Yes No Would like to apply
- LIHEAP/Energy Assistance Yes No Would like to apply
- SSI/SSD Yes No Would like to apply
- Unemployment Benefits Yes No Would like to apply
- TANF Yes No Would like to apply
- General Assistance Yes No Would like to apply
- Medicaid/Medicare Yes No Would like to apply
- All Kids Yes No Would like to apply
- Subsidized Housing/Sect. 8 Yes No Would like to apply
- Child Support Yes No Would like to apply

Please check if you are interested in the following:

- Substance Abuse Assistance Yes No Would like to apply
- Mental Health Assistance Yes No Would like to apply
- Job/Vocational Training Yes No Would like to apply
- Clothing Assistance Yes No Would like to apply
- Food/Food Pantry Assistance Yes No Would like to apply
- Legal Services Yes No Would like to apply
- Credit Repair Yes No Would like to apply
- Money Management Yes No Would like to apply
- Medical/Dental Assistance Yes No Would like to apply
- H.S. Diploma/GED/ESL Yes No Would like to apply
- College/University Classes Yes No Would like to apply
- Anger Management classes Yes No Would like to apply
- Domestic Violence Assistance Yes No Would like to apply
- Prescription Assistance Yes No Would like to apply
- Parenting classes Yes No Would like to apply
- Other _____

I certify that the statements on this application are true and correct to the best of my knowledge.

Client Signature _____

Date _____

Service Coordinator _____

Date _____