

LIFT COMMUNITY ACTION AGENCY FAMILY PROFILE

EHS Center: Enrollment ELC HS

Agency Use Only Captain ID:

SERVICE: INTAKE WORKER: DATE: SSN# FIRST, MI, & LAST NAME DATE OF BIRTH

GENDER Male Female Marital Status: EDUCATION: 0-8 9-12 HS Grad. GED 12+ years 2 yr. Degree 4 yr. Degree Other

RACE: (Circle One) White Non-Hispanic White-Hispanic African American American Indian Asian Bi-racial/Multiple Other Native Hawaiian/Pacific Islander HEALTH

INSURANCE? None Medicaid Medicare Military Employment Based Direct Purchase State Children's Health Ins. State Health Ins. For Adults Tribal MILITARY: No Military Status Active Military Veteran FOOD STAMPS: Yes No DISABLED? Yes No CDIB: Yes No

WORK STATUS: Employed full-time Employed part-time Unemployed (less than 6 months) Unemployed (more than 6 months) Retired Not in labor force Seasonal Farmer

NON-CASH BENEFITS: WIC LIHEAP Section 8 Housing Public Housing Permanent Supportive Housing HUD-VASH Childcare Subsidy Affordable Care Act Subsidy Tribal Commodities Food Stamps: \$

IF NO, WHAT IS THE REASON FOR NO NON-CASH BENEFITS: Not Eligible Not applied No need

DISCONNECTED YOUTH: In School/Not Working Not Working/Not in school Working/Not in school RESIDENT: American Citizen Documented Alien Undocumented

STREET ZIP CITY COUNTY STATE

HOUSING (Circle One): Own/Buy Rent Other Permanent Housing Homeless Other PRIMARY LANGUAGE: English Spanish Other

FAMILY TYPE: Female - Single Parent Male - Single Parent Two Parent Household One Person Household Two Adults - No Children Other

CELL PHONE EMAIL

Income Abbreviations: EITC - Earned Income Tax Credit VA - Service Connected Disability VAN - Non-Service Connected Disability SSDA - Soc. Sec. Disability P - Pension W - Wages SS - Social Security SSI - Supplemental Security Inc. UE - Unemployment AL - Alimony T - TANF WC - Worker's Comp PD - Private Disability CS - Child Support

Please list each type of income separately and use abbreviations listed above. Monthly Income: \$ EXAMPLE: \$ 500.00 - EMP 286.00 - TANF 150.00 - OTH Verified by: W2 Check stubs Tax return Letter Other

Please complete this side of the form for the additional members of your household					Using the key below and please answer the following							Answer (Y) Yes or (N) No			Using the key below and please answer the following				Amount		
SSN	First Name	Middle Initial	Last Name	Date of Birth	Male (M) or Female (F)	Marital Status	Relation to Applicant	Ethnicity	Race	Education	Health Insurance	Military Status N - No A - Active V - Veteran	Disabled	American Citizen	CDIB card	Work Status	Disconnected Youth	Non-Cash Benefits	Source of Income	Monthly Income (\$)	
Marital Status	Relation to	Ethnicity		Race	Education	Health Insurance	Work Status	Disconnected Youth	Non Cash Benefits	Source of Income											
SS - Single	M - Mother	H - Hispanic		AI - American Indian	0-8 - 0-8th grade	N - None	EFT - Employed Full Time	W - Working/Not In School	WIC - WIC	EITC - Earned Income Tax Credit											
M - Married	F - Father	N - Non-Hispanic		AS - Asian	9-12 - 9-12th grade	D - Direct Purchase	EPT - Employed Part Time	I - In School/Not Working	LI - LIHEAP	VA - Service Connected Disability											
D - Divorced	C - Child			BI - Biracial	HS - High School Grad	E - Employment Based	F - Seasonal Farmer	N - Not Working/Not In School	FS - Food Stamps/SNAP	VAN - Non-Service Connected Disability											
W - Widowed	S - Sister			BB - Black/African American	GED - GED	M - Medicaid	UEL - Unemployed 6 or more months		PSH - Perm. Supp. Housing	SSDA - Soc. Sec. Dis.											
S - Separated	B - Brother			HA - Hawaiian/Pacific Islander	12+ - 12+ some post sec.	MC - Medicare	UES - Unemployed less than 6 mo.		ACA - Aff. Care Act Subsidy	SSI - State Supplemental											
C - Cohabiting	SP - Spouse			O - Other	2yr - 2 Yr. Degree	MH - Military Health	UE - Not in Labor Force		HCV - Section 8	CS - Child Support											
CH - Child	GP - Grandparent			W - White/Caucasian	4yr - 4 Yr. Degree	SC - State Children's Ins.	R - Retired		CV - Childcare Voucher	UE - Unemployment											
	GC - Grandchild				O - Other post secondary	SA - State Ins. For Adults			PH - Public Housing	AL - Alimony											
	G - Guardian					T - Tribal			NO - None	T - TANF											
	FC - Foster Child								NN - None No Need	WC - Worker's Comp											
FP - Foster Parent								NE - None Not Eligible	PD - Private Disability												
P - Partner								HUD - HUD VASH	NO - No Income												
FR - Friend							W - Wages														
O - Other							SS - Social Security														
							PEN - Pension														
*If any of your responses do not fall into these categories please just write in your response.																					
X _____ Signature of Client											_____ Date										

LIFT Community Action Agency, Inc.  
Housing Department  
209 North 4<sup>th</sup> Street  
Hugo, OK 74743  
LIFT CAA, Inc., Broker – NMLS #344203  
Sheila Pierce, MLO – NMLS #1616259

TO WHOM IT MAY CONCERN:

“I/We hereby authorize you to provide to LIFT Community Action Agency, Inc., its Successors and/or its Assigns, any and all information and documentation that they request. Such information includes but is not limited to, employment history and income, bank, money market, and similar account balances; credit history; and copies of income tax returns.”

“I/We hereby authorize my/our financial institution to draft my checking, savings or other depository account for whatever charge there may be for the service in connection with verifications needed for my mortgage loan application. (If there is an established charge.)”

“I/We hereby authorize LIFT Community Action Agency, Inc. to provide information on the status of processing the mortgage loan application, including the date of requesting and receiving verifications, report and other information from third parties, to any broker or agent representing any party to the transaction in connection with which the mortgage loan has been applied for including but not limited to the Department of Housing and Urban Development, USDA Rural Development, BancFirst and NeighborWorks America.”

A copy of this authorization may be accepted as an original. Your prompt reply is appreciated.

**\* I/We authorize LIFT CAA, Inc. to order a consumer credit report and verify other credit information and I/We understand that there may be a fee associated with this process. \***

\*\*\*CONSUMER PRIVACY DISCLOSURE\*\*\*

We Respect Your Privacy. We do not share nonpublic personal information concerning our customers or other customers. We view it as one of our primary jobs to protect your privacy.

Confidentiality and Security: We restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

Categories of Information That We Collect. We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms such as name, address, social security number, assets, and income.
- Information about your transactions with our affiliates, such as: your account balances, payment history, parties to transactions, and credit card usage.
- Information we receive from a consumer reporting agency regarding your creditworthiness and credit history.

\*\*\*PRIVACY ACT NOTIFICATION\*\*\*

This is notice to you as required by the Right to Financial Privacy Act of 1978 that LIFT Community Action Agency, Inc., its Successor and/or its Assigns, the Department of Housing and Urban Development and/or USDA Rural Development and/or BancFirst whichever is appropriate, has the right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transactions will be available to HUD and/or USDA and/or BancFirst (as applicable) without further notice or authorization, but will not be disclosed or released to another Government Agency or Department without your consent except as required or permitted by law.

Borrower: \_\_\_\_\_ Date: \_\_\_\_\_ Co-Borrower: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

