

Shelter Plus Care Annual Review Household Questionnaire

Please complete all areas of the questionnaire for your annual subsidy eligibility review. If you have questions or need assistance, please don't hesitate to reach out to your Housing Specialist at:
207-874-1080.

Head of Household (Subsidy holder): _____

Address: : _____

Contact info: Phone #: _____ Email: _____

Please list everyone who lives in your unit (attach a separate sheet if needed):

Full Name	Relation to Head of Household	Date of birth	Social Security Number	Student Y/N	Income Y/N
	Self				

Are any members of your household students? No Yes If yes, please complete below.

Name of Student	Name of School	Address of School	Enrollment Status
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

Are you having any problems with your unit? No Yes If yes, please describe:

Do you have a Case Manager? No Yes If yes, who?

Name	Agency	Phone number

Do you have a preferred Emergency Contact? No Yes If yes, who? (Cannot be your case manager)

Name	Phone number	Relationship

Do you have a legal guardian? No Yes If yes, who?

Name	Address	Phone number

Do you have a Rep-Payee? No Yes If yes, who?

Name	Address	Phone number

Do you or any members of your household receive any of the following? Please check all that apply:

<input type="checkbox"/> TANF	<input type="checkbox"/> SSDI / SSI
<input type="checkbox"/> SNAP Benefits (Food stamps)	<input type="checkbox"/> MaineCare
<input type="checkbox"/> Medicare	<input type="checkbox"/> General Assistance

Do you or any members of your household have any of the following? Please check all that apply:

<input type="checkbox"/> Checking Account(s) <input type="checkbox"/> Savings Account(s) <input type="checkbox"/> Stocks/ Mutual Funds/Bonds <input type="checkbox"/> Property (real estate) <input type="checkbox"/> Trust Funds <input type="checkbox"/> Inheritances <input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Cash on hand <input type="checkbox"/> Settlements for personal or property losses <input type="checkbox"/> Land contract/deed of trust <input type="checkbox"/> Life insurance policies (whole or Universal) <input type="checkbox"/> Money Market/ Certificate of Deposit (CDs)	<input type="checkbox"/> Any lump sum payment including Lottery winnings of settlements <input type="checkbox"/> Any type of retirement accounts (Company pension, IRA, 401k, 403b, Keogh, ROTH) <input type="checkbox"/> Other: Specify _____ _____
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Using the asset list above as a reference, list all assets, **including checking and savings accounts** belonging to anyone in the household. (Attach separate sheet if needed)

Name of Family Member	Name of Financial Institution	Type of Asset	Joint or Individual	Current Balance Or Value of Asset
				\$
				\$
				\$
				\$

Does any member of your household, **(including children)**; receive money / benefits from any of the following sources? If yes, check all that apply below:

<input type="checkbox"/> Wages, salaries, fees, tips, bonuses, commissions <input type="checkbox"/> Self-Employment / Income from own business <input type="checkbox"/> Social Security / SSI / SSDI <input type="checkbox"/> State Supplement <input type="checkbox"/> TANF and/or Welfare assistance <input type="checkbox"/> Death benefits / Life insurance / Disability benefits <input type="checkbox"/> Unemployment compensation / Severance pay <input type="checkbox"/> Trust Fund Income / Interest from investments <input type="checkbox"/> Pensions / Annuities / Retirement funds such as 401K or IRA <input type="checkbox"/> Alimony payments	<input type="checkbox"/> Student financial aid such as: Grants, Scholarships, Student Loans, Loan Disbursements (refunds) <input type="checkbox"/> Workers compensation <input type="checkbox"/> Adoption Assistance / Foster care Payments <input type="checkbox"/> Military/Veteran's pay and allowances <input type="checkbox"/> Rental Income <input type="checkbox"/> Child support / Family Maintenance <input type="checkbox"/> Short-Term Disability Insurance income <input type="checkbox"/> Long-Term Disability Insurance income <input type="checkbox"/> Other regularly occurring income (i.e. Someone gives you money/pays your bills on a regular basis)
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Using the income list above as a reference, specify all income / money / benefits **(earned or received)** by **EVERYONE** living in the unit. (Attach separate sheet if needed)

Name of Household Member	Amount Received	How Often Received (Weekly, monthly, yearly, etc.)	Who / Where from? Address and Phone Number	Full-time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

ALLOWANCES AND DEDUCTIONS INFORMATION

Attach proof of all unreimbursed childcare and/or medical expenses if you wish to claim these deductions. (Acceptable examples include: Receipts for payment and a letter from provider indicating that expense is ongoing, letter from childcare provider, receipt from pharmacy and note from doctor indicating how often and for how long you will take the prescribed medication, letter from veterinarian verifying reoccurring expenses related to care of service animal, receipts for food for service animal and declaration of how often it must be purchased, copy of payment agreement for outstanding medical bills or payments for financed medical equipment, etc.)

**** You cannot receive credit for these expenses unless this verification is provided****

CHILDCARE EXPENSES:

Do you have children / dependents **under 13 years of** age living in the household? No Yes
If yes, do you pay childcare/daycare/aftercare expenses, **for the purposes of working, looking for work, or going to school?** No Yes If yes, please complete below, and attach proof of enrollment and expense.

Child's Name _____ Amount \$ _____ Per _____
Child's Name _____ Amount \$ _____ Per _____
Child's Name _____ Amount \$ _____ Per _____

Childcare Provider's Name: _____
Childcare provider's address: _____
Childcare provider's phone number: _____

ALLOWANCES AND DEDUCTIONS INFORMATION: Continued

MEDICAL EXPENSES:

Do you have unreimbursed **health insurance premiums, including Medicare or Medicaid premiums:** No Yes
If yes, complete below and attach proof. (Attach separate sheet if needed)

Name of Family Member	Name of Health Insurance Company	Address of Health Insurance Company	Monthly Expense
			\$
			\$

Do you or anyone in your household have **unreimbursed** medical expenses such as:

- Co-pays for medications
- Payments to the hospital
- Payments to a doctor
- Over-the-counter medications prescribed by your doctor
- Purchase of medical equipment
- Medical related travel
- Care of a service animal
- Medicare or health insurance premiums

If yes, please attach proof of listed expenses

By signing below, I certify that the information I have provided in this questionnaire is true and correct to the best of my knowledge.

Signature

Date

Printed name

Relationship (self, guardian, etc)

Please return your completed questionnaire with the following:

- **Documentation of ALL gross household income (i.e. pay stubs for 4 most recent weeks of employment, social security award letter(s), TANF benefit statement, etc.).**
 - FOR THOSE RECEIVING SOCIAL SECURITY:
You can contact Social Security to request a letter regarding your benefits by calling: 1-800-772-1213, (this can take 2-4 weeks to arrive), online at <https://www.ssa.gov/myaccount>, or by going to the Social Security Office located at: 1355 Congress Street in Portland, ME.
- **Documentation of eligible medical or childcare expenses**

In order to avoid delays in rental assistance payments, please return by mail in enclosed self-addressed, stamped envelope, or drop it off in the drop box located at address below during business hours. Please do not email or fax.

**Shalom House
106 Gilman Street
Portland, ME 04102
ATTN:**