

Enrollment
EHS                      ELC                      HS
Center: _____

## LITTLE DIXIE COMMUNITY ACTION AGENCY FAMILY PROFILE

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 \_\_\_\_\_

HOME PHONE  CELL PHONE

Income Abbreviations: EITC – Earned Income Tax Credit VA – Service Connected Disability VAN – Non-Service Connected Disability SSSA – 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

SSN	First Name	Middle Initial	Last Name	Date of Birth	Male (M) or Female (F)	Using the key below please answer the following							Answer (Y) Yes or (N) No			Using the key below please answer the following			Amount			
						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	H5 - 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

**Applicant Employment (2 years)**

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_ From \_\_\_\_\_ to Present

Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street/P.O. Box City State Zip

Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street/P.O. Box City State Zip

**Co-applicant Employment (2 years)**

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_ From \_\_\_\_\_ to Present

Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street/P.O. Box City State Zip

Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street/P.O. Box City State Zip

**Current Landlord Information**

Rent paying now \$ \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to present

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street/ P.O. Box City State Zip  
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**Previous Landlord Information**

Rent \$ \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street/ P.O. Box City State Zip

**Assets** (savings accounts, checking accounts, stocks/bonds ,life insurance, retirement accounts)

Institution \_\_\_\_\_ Acct # \_\_\_\_\_ Balance\$ \_\_\_\_\_

Institution \_\_\_\_\_ Acct # \_\_\_\_\_ Balance\$ \_\_\_\_\_

**Automobiles**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Value\$ \_\_\_\_\_ Loan Balance\$ \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Value\$ \_\_\_\_\_ Loan Balance\$ \_\_\_\_\_

**Real Estate**

Address: \_\_\_\_\_ Market Value: \$ \_\_\_\_\_

Loan Balance:\$ \_\_\_\_\_ Mortgage Holder: \_\_\_\_\_ Pending Sale Rental

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

GENERAL AUTHORIZATION LETTER  
CONSUMER PRIVACY DISCLOSURE & PRIVACY ACT NOTIFICATION

TO WHOM IT MAY CONCERN:

"I/We hereby authorize you to provide to Little Dixie 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 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 Little Dixie Community Action Agency, Inc. to provide information on the status of processing the mortgage loan application, including the date of requesting and receiving verifications, reports 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."

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

**I/We authorize Little Dixie CAA, Inc. to order a consumer credit report and verify other credit information.**

\*\*\*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 products or 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 May 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.

Categories of Information That We Disclose. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as required by law or directed by the customers themselves.

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

This is notice to you as required by the Right to Financial Privacy Act of 1978 that Little Dixie Community Action Agency, Inc., its Successor and/or its Assigns, the Department of Housing and Urban Development or the Department of Veterans Affairs 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 or VA (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: \_\_\_\_\_ Borrower: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

