

2023 Client Update Form

Household Name: _____
 Address: _____
 City: _____
 Phone: _____
 Email Address: _____

Food Stamps? **Y** or **N** A Amount: \$ _____
 Do you receive Section 8? **Y** or **N**
 Amount you pay for rent or mortgage (monthly):
 \$ _____

Please complete ALL information for EVERY person living at the above address.

You must also provide documentation of ALL sources of income AND proof of residency.*

***Attach documents and email with completed form to aalcrs@aalcrs.org**

*See abbreviations below

First and Last Name	Date of Birth	Last 4 SSN	Age	Sex	Race*	Relationship	Employment Status**	Monthly Income	Income Source***
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	

Race*	
African-American	AA
Asian/Pacific Islander	A
Caucasian	C
Hispanic	H
Native American	N
Other	O

Employment Status**			
Full Time Employment	FT	College or Trade School	C/TS
Part Time Employment	PT	Student (K-12)	ST
Retired	Ret	Not of School Age (0-5 yrs)	NS
Unemployed	UN		
Not Able to Work	NA		

Source of Income***			
Earned Income	Earned	Workers Comp	WC
Social Security	SSA	Child Support	CS
Supplemental Security Insur.	SSI	Spousal Support	SS
Security Disability Insurance	SSDI	Unemployment	U
Pension	P	Other	Please Specify

Client Signature: _____ Date: _____

By typing my name above, I certify that the above information is correct, and authorize CRS to share information as needed to help provide me with necessary assistance.