

## 2024 Client Update Form

Household Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Food Stamps? **Y**    **N**    (    Amt: \$ \_\_\_\_\_  
 Do you RENT        or OWN        your home?  
 Do you receive Section 8? YES    NO  
 What is your monthly rent/mortgage? \$ \_\_\_\_\_  
 Are you enrolled in PIPP or HEAP? YES    NO

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 Gross Income	Income Source or Place of Employment***
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	

Race*	
African-American	AA
Asian/Pacific Islander	A
Caucasian	C
Hispanic	H
Native American	N
Multi-Racial	M
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	Place of Employment	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.*