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Description automatically generated with medium confidence

**NEW NEIGHBOR INFORMATION APPLICATION**

Application Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Case Number \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Perquimans County Resident: Yes \_\_\_\_ No \_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Valid Driver’s License? Yes \_\_\_\_ No \_\_\_\_ Other ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Must provide ID)*

Are You? (Please Circle): Single Married Divorced

Are You? (Please Circle): Employed Unemployed Disabled Retired

Are You? (Please Circle): African American Asian Caucasian Hispanic

Middle Easterner Native American Pacific Islander

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all household members:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_

*If there are more than 6 HH Members, please list on the back of page 1.*

Are you receiving Food Stamps?

Yes \_\_\_\_ ***If yes, you can stop the application process here.***

No \_\_\_\_ ***Must complete the following information on page 2:***

**THE OPEN DOOR OF PERQUIMANS COUNTY, INC.**

**NEW CLIENT INFORMATION APPLICATION**

**NON-FOOD STAMP CLIENTS**

**INCOME:**

**Please list sources of income from all household members:**

***Employment, Disability, Social Security, Retirement, Child Support, All Other Sources of Income***

INCOME SOURCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT: \_\_\_\_\_\_\_\_\_HH MEMBER: \_\_\_\_\_\_\_\_\_

Circle Frequency: *Weekly Every 2 Weeks Monthly Other (Specify)\_\_\_\_\_\_\_\_\_\_*

INCOME SOURCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT: \_\_\_\_\_\_\_\_\_HH MEMBER: \_\_\_\_\_\_\_\_\_

Circle Frequency: *Weekly Every 2 Weeks Monthly Other (Specify)\_\_\_\_\_\_\_\_\_\_*

INCOME SOURCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT: \_\_\_\_\_\_\_\_\_HH MEMBER: \_\_\_\_\_\_\_\_\_

Circle Frequency: *Weekly Every 2 Weeks Monthly Other (Specify)\_\_\_\_\_\_\_\_\_\_*

INCOME SOURCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT: \_\_\_\_\_\_\_\_\_HH MEMBER: \_\_\_\_\_\_\_\_\_

Circle Frequency: *Weekly Every 2 Weeks Monthly Other (Specify)\_\_\_\_\_\_\_\_\_\_*

INCOME SOURCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT: \_\_\_\_\_\_\_\_\_HH MEMBER: \_\_\_\_\_\_\_\_\_

Circle Frequency: *Weekly Every 2 Weeks Monthly Other (Specify)\_\_\_\_\_\_\_\_\_\_*

**OFFICE NOTES:**