

**Eastern Idaho Community Action Partnership  
HOC Demographic Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ # in Household \_\_\_\_\_ Gender: \_\_\_\_\_

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

Phone/Email: \_\_\_\_\_ # of Dependents: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Ethnicity:  Hispanic  Non-Hispanic Language Spoken: \_\_\_\_\_ Are you disabled?  Yes  No

Race of Client: *Please check the appropriate box*

<input type="checkbox"/>	American Indian/Alaska Native	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or other Pacific Islander	<input type="checkbox"/>	White	<input type="checkbox"/>	American Indian or Alaska Native and White
<input type="checkbox"/>	Asian and White	<input type="checkbox"/>	Black or African American and White	<input type="checkbox"/>	Other multiple race
<input type="checkbox"/>	I prefer not to provide this information				

<b>Monthly Expenses</b>	
Rent/Mortgage	_____
Utilities	_____
Food	_____
Auto Expense	_____
Insurance	_____
Loans	_____
Other (specify)	_____
_____	_____
_____	_____

Who referred you? \_\_\_\_\_

How long have you held your current job? \_\_\_\_\_

Are you a First-Time Home Buyer?  Yes  No

Are you a Victim of Discrimination?  Yes  No

**Household Income Level: (Please circle the number closest to your Annual Gross Income by # in household)**

1	2	3	4	5	6	7	8
\$11,300	\$12,950	\$14,550	\$16,150	\$17,450	\$18,750	\$20,050	\$21,350
\$18,850	\$21,550	\$24,250	\$26,950	\$29,100	\$31,250	\$33,400	\$35,550
\$30,200	\$34,500	\$38,800	\$43,100	\$46,550	\$50,000	\$53,450	\$56,900
\$37,700	\$43,100	\$48,500	\$53,900	\$58,200	\$62,500	\$66,800	\$71,100

*The counseling services, lending products, affordable housing and other forms of assistance that may be offered by Eastern Idaho Community Action Partnership (Affiliate), its subsidiaries, affiliates, directors, officers, employees or agents (Affiliate Services) may be also offered by other providers and that you are under no obligation to utilize the services from Eastern Idaho Community Action Partnership, regardless of the recommendations made by the counselors.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date