

Eligibility Verification Review Questionnaire

Job Center Number: _____

New
 Reop
 SI Rent
 SI Utility
 Recertification
 Other

This questionnaire is part of a Bureau of Eligibility Verification (BEV) Review, which will help determine your eligibility to receive Cash Assistance. As part of this review, a BEV investigator will visit you at home, if you have a residence. They will show you identification. If you are not at home when the investigators arrives, the investigators will leave a notice on your door advising you that a home visit was attempted. **If you were not at home, you must reschedule a home visit by calling the BEV office** at the telephone number on **page 4** so that arrangements for another visit can be made.

Compliance with the BEV Review is an eligibility requirement. Your failure to cooperate with attempts to gain necessary information or to respond to notices left at your home by BEV investigators may result in the denial of your application. You must provide all the documents you can get and the information needed to help establish your eligibility, but you cannot be denied Cash Assistance due to your inability to get requested documents if your eligibility can otherwise be established. BEV investigators may contact other individuals and organizations to obtain information regarding your eligibility, including residence, income, and resources.

BEV Appointment Date: _____ Time: _____ AM PM

I. Identity Verification

1. _____
 Last Name First Name M.I.

 Date of Birth Social Security Number
 Place of Birth: City: _____ State: _____ Country: _____

2. Are you now, or have you ever been: Legally married Legally separated Divorced (with judgment)
 Date: _____ City: _____ State: _____ Country: _____

3. Please state name, current address, date of birth, and Social Security number of your spouse, or parent of your child(ren), if any.

 Name Date of Birth Social Security Number

 Street (Apt. Number) City and State Zip Code

4. Are there any other persons residing with you? No Yes If Yes, provide the information below.

Name	Age	Relationship to Applicant	Case Number

II. Residence (If you are homeless, check this box and leave questions 5 through 9 blank.)

5. What is your address?

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

6. What type of housing do you live in?

Apartment Room Private House Other (explain): _____

7. How much rent/mortgage do you pay? \$ _____ How often? _____

8. What is the name, address and telephone number of the person to whom you pay rent/mortgage?

Name of Landlord Primary Owner Primary Tenant Bank: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

9. If you are requesting money to avoid an eviction, how much money do you owe? \$ _____

To whom is the money owed? _____

III. Employment

10. Have you been employed within the last 24 months? No Yes

11. What was your last date of employment? _____

12. What is your current or last employer's name and address?

Employer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

IV. Past Maintenance

13. How have you supported yourself?

V. Earned Income

14. Do you have earned income? No Yes If, Yes, show source and amount below.

Source	Amount	How Often?
	\$	
	\$	
	\$	

Income

Indicate if you or anyone who lives with you receives money from:	Check <input checked="" type="checkbox"/> No or Yes	If Yes, give amount/value	Name of person who receives the income
Cash Assistance grant	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Unemployment Insurance Benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Supplemental Security Income (SSI) benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Social Security Disability benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Other Social Security benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Railroad Retirement benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Retirement benefits (pensions)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Veteran's Pensions/benefits/aid and attendance	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
GI Dependency Allotments	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
New York State Disability benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Private Disability Insurance – health/accident insurance policy income	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Worker's Compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Educational grants or loans	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Union benefits (including strike benefits)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Rental Income (received)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Contributions/Gifts (received)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Loans (received)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Alimony/Support (received)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
No Fault Insurance benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Dividends/Interest from stocks, bonds, savings, etc.	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Other Income (specify below)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	

Resources

Indicate if you or anyone who lives with you has:	Check <input checked="" type="checkbox"/> No or Yes	If Yes, give amount/value	Name of person who receives the income
Cash on hand	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Checking Accounts	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Savings Account(s) or C.D.(s) (certificate[s] of deposit)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
"In Trust" or P.A.S.S. Account(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Savings Bonds	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Life Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Burial Trust/burial fund	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Burial space	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
IRA, KEOGH, 401k, or Deferred Compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Annuity	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Indicate if you or anyone who lives with you:			
Owens a home	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Is named the beneficiary of a trust	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Is expected to receive a trust fund, lawsuit settlement, inheritance, or income from any other sources	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Is eligible for an income tax refund	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Has a Safe Deposit Box	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Owens real estate, including income-producing and non-income producing property (e.g., vacation home)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Owens motor vehicles or other vehicles (specify): Year: _____ Make: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	
Including your spouse, even if not applying or living with you, sold/transferred/given away any cash, real estate, or personal property in the past 36 months	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	

Applicant's Signature: _____ Date: _____

Worker's Signature: _____ Group: _____

Center: _____ Telephone Number: _____ Fax Number: _____