

HEAD OF HOUSEHOLD NAME	SOCIAL SECURITY NUMBER (last 4 digits)
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**FORM 2. DECLARATION OF EMPLOYMENT STATUS**

Each member of the household **18 years of age or older** is listed in the table below and is required to declare his or her employment status. If the household member is unemployed, indicate the last date of his or her employment. In answering the question “Are you employed?,” check “**YES**” if any of the following apply:

- Household member is employed part time or full time
- Household member is self-employed or seasonally employed
- Household member is employed in any way and is a student

Check “**No**” if:

- Household member is not currently employed part time or full time
- Household member is not currently self-employed or seasonally employed
- Household member is not employed and is either retired or has a disability

Each member must sign and date the last column. If any member became unemployed within the last two years, list the name and contact information for the employer at the bottom of the page. The first line has been completed as an *example*.

**TO BE COMPLETED AND SIGNED BY EVERY HOUSEHOLD MEMBER 18 YEARS OLD OR OLDER.**

FULL NAME	Are you employed?	Last date of employment - if not employed	Signature	Date
<i>Example:</i> Jane Brown	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>n/a</i>	<i>Jane Brown</i>	<i>11/22/09</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

If any household member lost his or her employment in the previous two years, please list the household member’s name as well as the phone number, and address of the former employer in the space below.

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