

B2. ADDITIONAL HOUSEHOLD INFORMATION: (please print clearly)

<i>For Office Use *Only*</i>	Household Member Name Last, First, Middle Initial	Relationship TO Head of Household	Marital Status *See Below*	Gender Identity *See Below*	Sexual Orient. *See Below*	Age	Date of Birth	Social Security Number	Disabled Y/N	Veteran Y/N	US Citizen Y/N	Ethnicity *See Below*	Race *See Below*

Are there additional people in your home not listed here? (check one) Yes No If "YES," please ask a staff member for an additional household member information sheet.

***Marital Status:** S - Single M - Married D - Divorced IR - In Relationship CU - Civil Union CL - Common Law W - Widowed Sep - Separated

***Gender Identity:** F - Female M - Male MTF - Trans Female (Male to Female) FTM - Trans Male (Female to Male) GNC - Gender Non-Conforming O - Other X - Refused

***Sexual Orientation:** H - Heterosexual G - Gay L - Lesbian B - Bisexual Q - Questioning/Unsure O - Other X - Refused

***Ethnicity:** H - Hispanic N - Non-Hispanic O - Other/Unknown

***Race:** W - Caucasian/White AA - African American/Black A - Asian AI - American Indian/Alaska Native PI - Pacific Islander/Native Hawaiian MR - Multi Race (one or more) O - Other/Unknown