



**CADC CUSTOMER REGISTRATION
2009 EITC / Free Tax Preparation Program**

COMPLETION OF THIS FORM DOES NOT DETERMINE ELIGIBILITY FOR SERVICES

Name, Address and Contact Information

Customer Name: _____	SS#: _____	Date of Registration: _____
Household Street Address: _____	City: _____	Zip Code: _____
Mailing Address (if different) _____	County: _____	Home Phone: _____ Other Phone: _____

Household Information

Household Type:	<input type="checkbox"/> Single Parent F	<input type="checkbox"/> Single Parent M	<input type="checkbox"/> 2 Parents- Children	<input type="checkbox"/> Single Person	<input type="checkbox"/> Adults Only	<input type="checkbox"/> Other
Marital Status:	<input type="checkbox"/> Never Married	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	
Primary Language:	<input type="checkbox"/> Migrant Worker	<input type="checkbox"/> Farmer	<input type="checkbox"/> Seas. Farm Worker	<input type="checkbox"/> Homebound		
Number of People in the Household	<input type="text"/>	<input type="text"/>				

Housing Information

Building Type:	<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Duplex	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Shelter	<input type="checkbox"/> Homeless		
Housing Type	<input type="checkbox"/> Own	<input type="checkbox"/> Buying	<input type="checkbox"/> Rent	Amount \$ <input type="text"/>	<input type="checkbox"/> Public Housing	<input type="checkbox"/> Subsidized	<input type="checkbox"/> Boarder	<input type="checkbox"/> Other
Primary Fuel :	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Other: <i>Identify</i> <input type="text"/>				

Income Information

Number of Household Members Employed: <input type="text"/>	Please Identify: _____
Household Income Monthly <input type="text"/>	\$ _____

Income Sources *(Please check all that apply)*

<input type="checkbox"/> Salary/Wages	<input type="checkbox"/> TEA/TANF	<input type="checkbox"/> Social Security	<input type="checkbox"/> Housing
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> SSI	<input type="checkbox"/> Retirement/Pension	<input type="checkbox"/> Veteran's Benefits
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Alimony	<input type="checkbox"/> Other Income
<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> No Income	<input type="checkbox"/> Child Support	<input type="text"/>
<input type="checkbox"/> Medical Aid	<input type="checkbox"/> General Assistance	<input type="checkbox"/> Dividends/Interest	<input type="text"/>

PLEASE COMPLETE THE BACK OF THIS REGISTRATION FORM



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Household Members

Name of Household Member <i>(include self on first line)</i>	Relationship	Social Security No.	Date of Birth	Age	Race	Sex M/F	Educ. Level	Degree?	Disabled?	Veteran?	Health Insurance?	Total Income
1.												
2.												
3.												
4.												
5.												
6.												

Remarks:

I understand that completion of this registration form does not determine eligibility for services.
 I understand that disclosure of my Social Security number is voluntary and will be used only for identification purposes.
 I understand this information will be kept strictly confidential unless its release is authorized by me in writing.
 I understand that general statistical information compiled with other households will be used to create a report for funding sources.

Customer Signature

Date of Completion

Registered By: _____

Location: _____

Program: _____

Date of Registration

THANK YOU FOR REGISTERING YOUR INFORMATION WITH CADDC. THIS WILL HELP US SERVE YOU BETTER.



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Please return the application to:

Robin Freeman
CADC Planning and Development
P.O. Box 580
722 Gaunt Street
Benton, AR 72018
501-778-1133
(fax) 501-778-9120
rfreeman@cadc.cc

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