

Poarch Creek Indians Housing Questionnaire

Home Buyer Name:	Date:
Mailing Address	City, State, Zip Code
Physical Address	City State, Zip Code
Home Phone:	Cell Phone:
Spouse's Cell Phone:	Email Address:
Spouse's Email Address:	

Tribal Member:

Employer:	Employer's Phone Number:
Employer's Address:	City, State, Zip Code:

Spouse:

Employer:	Employer's Phone Number:
Employer's Address:	City, State, Zip Code:

Please list all other sources of **INCOME**, Social Security, Disability, Child Support, and Etc., that is received for your household.

SOURCE: _____

List All House Hold Members	Date of Birth	Social Security Number

Do you pay for Day Care?	If yes, How Much?
Do you receive any assistance for Day Care?	Do you Travel 50 miles round trip for work?

Additional Comments: