

Demographic and Statistical Data

Form E

Must be completed before initial eligibility certifications & annual eligibility recertifications. Must be completed if household composition has changed.

| | |
|---|------------------------------|
| Client Name and/or ID Number: _____ | Date: _____ |
| Phone and/or Email: _____ | Household Size: _____ |
| Emergency Contact Information: _____ | Date of Birth: _____ |
| Mother's Maiden Name: _____ | Pronouns: _____ |

| | |
|---|------------------|
| Prior Living Situation: _____ | AMI Range: _____ |
| Homeless Individuals: _____ | Gender: _____ |
| Age Range: _____ | Ethnicity: _____ |
| Race: _____ | |

Additional Beneficiaries

| # | Name | Date of Birth | Mother's Maiden Name | Relationship |
|---|------|---------------|----------------------|--------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

| # | HIV Status | Gender | Race | Ethnicity |
|---|------------|--------|------|-----------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

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Important Information for Former Military Services Members

Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Air Force, Coast Guard, Reserves, or National Guard may be eligible for additional benefits and services. For more information, please visit the [Texas Veterans Portal](#).