**LTM Customer Information**

1. What is your gender?
	* Male
	* Female
2. Are you a Veteran?
	* Yes
	* No
3. What is your Race?
	* Black or African American
	* White
	* American Indian/Alaskan native
	* Asian
	* Multi Race – any 2 or more
	* Native Hawaiian/Pacific Islander
	* Other
4. Are you Hispanic, Latino or Spanish origin?
	* Yes
	* No
5. Are you disabled?
	* Yes
	* No
6. What is your work status?
	* Employed full time
	* Employed part time
	* Migrant Seasonal farm worker
	* Unemployed (short term, 6 months or less)
	* Unemployed (long term, more than 6 months)
	* Unemployed (not in labor force)
	* Retired
7. Are you seeking employment?
	* Yes
	* No
8. What is your highest level of completed education?
	* 0-8th grade
	* 9th-12th grade
	* High school grad or GED
	* Some post-secondary education
	* 2 or 4 year college graduate
9. What is your Housing Type?
	* I rent
	* I own my home
	* I am homeless
	* Other (I live with someone who rents or owns a home)
10. Is English the main language spoken in your home?
	* Yes
	* No
11. If you desire a direct deposit of your refund into your checking or savings account, please furnish the following:

Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ❒ Checking or ❒ Savings

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Best time to call you for your Quality Review
	* Weekdays between 9am-2pm
	* Evenings between 5-8pm
	* Saturdays between 9am-2pm
2. Do you own a mobile home?
	* Yes
	* No
3. If you are a mobile home owner, would you be interested in someone from United Way contacting you for a free tax assessment to lower your tax liability? If you quality, all fees/paperwork/court etc. will be taken care of at no cost to you during this pilot program.
	* Yes
	* No

Revised Demographic drop off (4-30-20)