**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)