Additional People (OHP 7226)

Complete this form if you need to list more people in your household (question 2).

Remember, when listing everyone living with you:

Social Security numbers (SSNs)* – If you don't have an SSN, write in "none."

Ethnicity/Racial Heritage – Write in all the codes that apply. Title VI of the Civil Rights Act of 1964 allows us to ask for this information. You can choose not to give this information. It will not affect your eligibility for benefits.

Ethnicity

H – Hispanic or Latino
N – Not Hispanic or Latino

Racial Heritage

A – Asian
B – Black or African American
I – American Indian/Alaska Native

P – Native Hawaiian or Other Pacific Islander
W – White

Name (Last, First, M.I.)	Relation to you	Sex	Date and city/state of birth	Applying for benefits	* Social Security Number	* U.S citizen? Proof required, see **YELLOW** sheet	Ethnicity / Racial Heritage
e.		☐M ☐F		☐Yes ☐No		☐Yes ☐No, non-citizen# _____	
f.		☐M ☐F		☐Yes ☐No		☐Yes ☐No, non-citizen# _____	
g.		☐M ☐F		☐Yes ☐No		☐Yes ☐No, non-citizen# _____	
h.		☐M ☐F		☐Yes ☐No		☐Yes ☐No, non-citizen# _____	
i.		☐M ☐F		☐Yes ☐No		☐Yes ☐No, non-citizen# _____	
j.		☐M ☐F		☐Yes ☐No		☐Yes ☐No, non-citizen# _____	

* Only required for people who are applying for benefits.

You can list more people on the back of this page

Print legal name of applicant   Signature   Date

Print legal name of spouse, other parent/adult in the household   Signature   Date

Name (Last, First, M.I.)	Relation to you	Sex	Date and city/state of birth	Applying for benefits	* Social Security Number	* U.S citizen? Proof required, see **YELLOW** sheet	Ethnicity / Racial Heritage
k.		☐ M ☐ F		☐ Yes ☐ No		☐ Yes ☐ No, non-citizen# _____	
l.		☐ M ☐ F		☐ Yes ☐ No		☐ Yes ☐ No, non-citizen# _____	
m.		☐ M ☐ F		☐ Yes ☐ No		☐ Yes ☐ No, non-citizen# _____	
n.		☐ M ☐ F		☐ Yes ☐ No		☐ Yes ☐ No, non-citizen# _____	
o.		☐ M ☐ F		☐ Yes ☐ No		☐ Yes ☐ No, non-citizen# _____	
p.		☐ M ☐ F		☐ Yes ☐ No		☐ Yes ☐ No, non-citizen# _____	

* Only required for people who are applying for benefits.