FORM No. WRA - 95

BASIC FAMILY CARD

1. NAME	2. ALIAS	3. FAMILY NUMBER

4. FAMILY MEMBERS	5. DEPENDENT ON HEAD	6. SEX	7. RELATION-SHIP TO HEAD	8. BIRTH-DATE	9. BIRTH-PLACE	10. OCCUPATION OR OTHER STATUS	11. REMARKS
MAN							
WOMAN							
CHILDREN							
12. OTHERS IN HOUSEHOLD LAST NAME, FIRST NAME							

13. ADDRESS	14. DATE	ADDRESS	DATE	ADDRESS	DATE

8-0363

Family Number

FAMILY EARNINGS AND COMPENSATION RECORD

Fiscal Year_____

INDIVIDUAL'S NAME	I.D. NO.	AGE	DEPENDENT (RELATIONSHIP)	RELATIONSHIP OF FAMILY HEAD	ALLOWANCE	TOTAL PAYMENT TO FAM. HEAD	PAYMENT TO INDIVIDUAL

POSTINGS

MONTH	I.D. NO.	DAYS WORKED	WAGES	UNEMP. COMP.	PUBLIC ASST.	CLOTHING ALLOW.	TOTAL	MONTH	I.D. NO.	DAYS WORKED	WAGES	UNEMP. COMP.	PUBLIC ASST.	CLOTHING ALLOW.	TOTAL
JULY								JAN.							
AUG.								FEB.							
SEPT.								MAR.							
OCT.								APR.							
NOV.								MAY							
DEC.								JUNE							