





**PART II – INCOME**

**PLEASE ATTACH PROOF OF ANYTHING LISTED BELOW**

	<u>MONTHLY</u>	<u>YEARLY</u>
Wages: <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	_____	_____
Farm or Self Employment:	_____	_____
Food Stamps:	_____	_____
Public Assistance:	_____	_____
Social Security:	_____	_____
Unemployment Compensation:	_____	_____
Workmen’s Compensation:	_____	_____
Strike Benefits:	_____	_____
Alimony:	_____	_____
Child Support:	_____	_____
Veterans Assistance:	_____	_____
Pensions”	_____	_____
Dividends, Interest or Rental Income:	_____	_____
<b>TOTAL INCOME</b>	_____	_____

**PART III – HOUSEHOLD MEMBERS (include all persons living in the home)**

NAME	DOB	RELATIONSHIP	INCOME	SOURCE OF INCOME

Are there any special medical problems involving yourself or immediate family members (heart disease, diabetes, cancer, etc.)? If yes, please give a brief explanation.

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**PART IV – SUPPLEMENTAL INFORMATION**

**IF YOU HAVE APPLIED FOR ANY OF THE SERVICES BELOW, PLEASE CHECK AND NOTE DETAILS.**

**SSI DISABILITY**

Date Applied: \_\_\_\_\_ Date Eligible: \_\_\_\_\_ Date Ineligible: \_\_\_\_\_

Reason(s) for ineligible status at this time:

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**MEDICAID**

Date Applied: \_\_\_\_\_ Date Eligible: \_\_\_\_\_ Date Ineligible: \_\_\_\_\_

Reason(s) for ineligible status at this time:

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**WORKERS' COMPENSATION**

Date Applied: \_\_\_\_\_ Date Eligible: \_\_\_\_\_ Date Ineligible: \_\_\_\_\_

Reason(s) for ineligible status at this time:

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***I affirm that the information on this application is true and correct to the best of my knowledge.***

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_