



PART II – INCOME

PLEASE ATTACH PROOF OF ANYTHING LISTED BELOW

	MONTHLY	YEARLY
Wages	_____	_____
Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly		
Farm or Self Employment	_____	_____
Public Assistance	_____	_____
Social Security	_____	_____
Unemployment Compensation	_____	_____
Workers' Compensation	_____	_____
Strike Benefits	_____	_____
Alimony	_____	_____
Child Support	_____	_____
Veterans Assistance	_____	_____
Pension	_____	_____
Dividends, Interest or Rental Income	_____	_____
TOTAL INCOME	_____	_____

PART III – HOUSEHOLD FAMILY MEMBERS (everyone living in the home that is related by birth, marriage or adoption)

NAME	DOB	RELATIONSHIP	INCOME	SOURCE OF INCOME

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:

MEDICAID

Date Applied: _____ Date Eligible: _____ Date Ineligible: _____

Reason(s) for ineligible status at this time:

WORKERS' COMPENSATION

Date Applied: _____ Date Eligible: _____ Date Ineligible: _____

Reason(s) for ineligible status at this time:

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

I agree to abide by the terms and conditions of the financial assistance category for which I qualify.

Signature of Applicant: _____ Date: _____