

**INCOME AND ASSET INFORMATION – ADULT**

Each adult in the household must fill out a separate page listing their **INDIVIDUAL** information.

Household Member's Name: \_\_\_\_\_

Employed full time       Employed part time       Self-Employed       Not Employed

1. Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Employer's address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Hourly Rate / Salary: \_\_\_\_\_

Tips/Bonuses: \_\_\_\_\_ Avg. hours worked per week: \_\_\_\_\_ Avg. OT per week: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Employer's address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Hourly Rate / Salary: \_\_\_\_\_

Tips/Bonuses: \_\_\_\_\_ Avg. hours worked per week: \_\_\_\_\_ Avg. OT per week: \_\_\_\_\_

INCOME FROM OTHER SOURCES	YES	NO	Anticipated Amount per Month
Alimony	<input type="checkbox"/>	<input type="checkbox"/>	
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	
Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>	
Workers Compensation	<input type="checkbox"/>	<input type="checkbox"/>	
Public Assistance (AFDC / TANF)	<input type="checkbox"/>	<input type="checkbox"/>	
SNAP Benefits (Food Stamps)	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security / SSI / SSD / Survivor Benefits	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security Dual Entitlement	<input type="checkbox"/>	<input type="checkbox"/>	
Veteran's Benefits	<input type="checkbox"/>	<input type="checkbox"/>	
Retirement / Pension /Annuities	<input type="checkbox"/>	<input type="checkbox"/>	
Regular pay as an Armed Forces Member	<input type="checkbox"/>	<input type="checkbox"/>	
Regular pay from a settlement or inheritance	<input type="checkbox"/>	<input type="checkbox"/>	
Regular pay from lottery winnings	<input type="checkbox"/>	<input type="checkbox"/>	
Regular payment from real estate	<input type="checkbox"/>	<input type="checkbox"/>	
Recurring monetary gifts from family/others	<input type="checkbox"/>	<input type="checkbox"/>	
Any source not listed. Explain _____	<input type="checkbox"/>	<input type="checkbox"/>	
ASSETS	YES	NO	VALUE
Checking account	<input type="checkbox"/>	<input type="checkbox"/>	
Savings account	<input type="checkbox"/>	<input type="checkbox"/>	
Direct benefit card (SSA)	<input type="checkbox"/>	<input type="checkbox"/>	
Pre-Paid debit card	<input type="checkbox"/>	<input type="checkbox"/>	
Money market account	<input type="checkbox"/>	<input type="checkbox"/>	
Stocks / Bonds	<input type="checkbox"/>	<input type="checkbox"/>	
401k, 403b, IRA, Keogh	<input type="checkbox"/>	<input type="checkbox"/>	
Trust account	<input type="checkbox"/>	<input type="checkbox"/>	
Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	
Boat, Trailer, Recreational Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	
Life Insurance Policy	<input type="checkbox"/>	<input type="checkbox"/>	
Cash at Home	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Property held as Investment	<input type="checkbox"/>	<input type="checkbox"/>	
Any source not listed. Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	