

INCOME AND ASSET INFORMATION – CHILD (UNDER THE AGE OF 18)

Fill out a separate page for each child in the household.

Household Member's Name: _____

INCOME	YES	NO	Anticipated Amount per Month
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	
SSI/SSP	<input type="checkbox"/>	<input type="checkbox"/>	
SSD	<input type="checkbox"/>	<input type="checkbox"/>	
Survivor Benefits	<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"/>	
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"/>	
Trust account	<input type="checkbox"/>	<input type="checkbox"/>	
Life Insurance Policy	<input type="checkbox"/>	<input type="checkbox"/>	
Any source not listed. Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	