



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:	_____	_____
TOTAL INCOME	_____	_____

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.



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.

Signature of Applicant: _____ Date: _____