

Do you anticipate any additions to the household in the next twelve months? Yes No

If yes, explain _____

Check if you or any member of your household has a disability: Mobility Visual Hearing

Describe any special accommodation needed in your residence if you or any member of your household is disabled _____

Have ALL of the household members (both adults and children) been full-time students during five months or more of the current calendar year or will they be in the upcoming calendar year? Yes No **If Yes, answer the following questions:** (1) Is the household comprised of a single parent and children, none of whom are dependents on the tax return of someone outside the household? Yes No; (2) Are all adult members of the household married and have they filed a joint tax return for the most recent tax year? Yes No; (3) Does any member of the household receive AFDC or TANF? Yes No; (4) Is any member of the household enrolled in a Federal, State or local job training program? Yes No; (5) Was at least one member of the household former in foster care? Yes No

SECTION C. INCOME

List below ALL current sources of income for ALL HOUSEHOLD MEMBERS, including yourself, listed in Section B. "Household Composition".

EMPLOYMENT INCOME

Include all full-time, part-time and self-employment income. (*Business income must reflect the amount that would be reported on IRS Form 1040, Line 12 and Schedule C, line 31)

Household Member Name	Name & Address of Employer	How Long Employed (From/To)	Status F=Full-Time P=Part-Time S=Self-Employed	Gross Annual Earnings
1.				\$
2.				\$
3.				\$
4.				\$
Total Gross Annual Employment Income =				\$

OTHER INCOME

Include gross periodic payments from: public assistance (including housing allowance), AFDC, TANF, unemployment, disability, veteran's, social security, SSI, alimony, child support, annuities, pensions, retirement funds, insurance policies, and other regular income. Also, include interest, dividends, net rental income and other income from assets listed in Section D. "Assets".

Household Member Name	Source of Income	Gross Amount	per	Period Received Weekly, Bi-weekly, Semi-monthly, Monthly, Quarterly	Annual Gross Amount
		\$	per		\$
		\$	per		\$
		\$	per		\$
		\$	per		\$
Total Gross Annual "Other Income" =					\$
TOTAL GROSS ANNUAL INCOME: ("Employment" PLUS "Other Income")					\$

Do you or any household member anticipate any changes in income in the next 12 months? Yes No

If yes, explain: _____

