

## ADDITIONAL INCOME INFORMATION

(Income includes money or contributions from any and all sources paid to or on behalf of a family member.)

1. Did you or any family member file a federal income tax return for the past year?.....  Yes  No  
 If yes, who? \_\_\_\_\_

2. Do you or and household member receive or expect to receive any of the following during the next twelve (12) months?

- Wages, salaries, tips, fees or commissions from an employer? (full or part time)? .....  Yes  No
- Money for personal services? .....  Yes  No
- Income from operation of a business? .....  Yes  No
- Interest, dividends, or other income from real estate or personal property? .....  Yes  No
- Payments from Social Security or SSI? .....  Yes  No
- Payments from annuities? .....  Yes  No
- Payments from insurance policies? .....  Yes  No
- Payments from retirement funds? .....  Yes  No
- Payments from pensions? .....  Yes  No
- Payments from disability benefits? .....  Yes  No
- Payments from death benefits? .....  Yes  No
- Unemployment compensation? .....  Yes  No
- Worker's compensation? .....  Yes  No
- Severance pay? .....  Yes  No
- Welfare assistance payments? .....  Yes  No
- TANF payments? .....  Yes  No
- Alimony payments? .....  Yes  No
- Child support payments? .....  Yes  No
- Regular assistance or gifts from anyone? .....  Yes  No
- Financial assistance to attend school? .....  Yes  No
- Money from self employment? .....  Yes  No
- Regular or special military pay? .....  Yes  No

\_\_\_\_\_  
 Adult Household Member Signature

\_\_\_\_\_  
 Date

