

ADDITIONAL HOUSEHOLD MEMBERS:

List other household members under 5 through 8. List a Social Security Number (SSN) and date of birth (DOB) for all members. List an amount and source (if applicable) for each income and resource type listed below.			5. Name (Last, First, MI, Suffix):	6. Name (Last, First, MI, Suffix):	7. Name (Last, First, MI, Suffix):	8. Name (Last, First, MI, Suffix):
			SSN:	SSN:	SSN:	SSN:
			DOB:	DOB:	DOB:	DOB:
<u>TYPE</u>						
INCOME AMOUNTS MONTH(S) IMPACTED <hr/> to <hr/>	GROSS WAGES/SALARY	AMOUNT				
		SOURCE				
	NET SELF-EMPLOYMENT	AMOUNT				
		SOURCE				
	CHILD SUPPORT	AMOUNT				
		SOURCE				
	SOCIAL SECURITY (DEATH, RETIREMENT, DISABILITY)	AMOUNT				
		SOURCE				
	PENSION	AMOUNT				
		SOURCE				
	SUPPLEMENTAL SECURITY INCOME	AMOUNT				
		SOURCE				
OTHER INCOME (SUCH AS VET, UNEMPLOYMENT)	AMOUNT					
	SOURCE					
CURRENT RESOURCE AMOUNTS	CASH ON HAND	AMOUNT				
		SOURCE				
	CHECKING/SAVINGS/ CHRISTMAS/ VACATION CLUB ACCOUNT(S)	AMOUNT				
		SOURCE				
	OTHER RESOURCES	AMOUNT				
		SOURCE				