

**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.			<b>5. Name</b> (Last, First, MI, Suffix):	<b>6. Name</b> (Last, First, MI, Suffix):	<b>7. Name</b> (Last, First, MI, Suffix):	<b>8. Name</b> (Last, First, MI, Suffix):
			<b>SSN:</b>	<b>SSN:</b>	<b>SSN:</b>	<b>SSN:</b>
			<b>DOB:</b>	<b>DOB:</b>	<b>DOB:</b>	<b>DOB:</b>
<b><u>TYPE</u></b>						
<b>INCOME AMOUNTS</b>  <b>MONTH(S) IMPACTED</b>  <hr/> <b>to</b>  <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					
<b>CURRENT RESOURCE AMOUNTS</b>	CASH ON HAND	AMOUNT				
		SOURCE				
	CHECKING/SAVINGS/ CHRISTMAS/ VACATION CLUB ACCOUNT(S)	AMOUNT				
		SOURCE				
	OTHER RESOURCES	AMOUNT				
		SOURCE				