

HOUSEHOLD INFORMATION									
How many people are in your household?	TOTAL:		Number of Adults:		Number of children:				
Is anyone in the household employed?	Yes	No	If yes, list below						
PRIMARY SOURCES OF INCOME									
Name:					Name:				
Employer Name:					Employer Name:				
Hourly wage/Salary:					Hourly wage/Salary:				
Hours worked per week:					Hours worked per week:				
Gross Income per month:					Gross Income per month:				
OTHER SOURCES OF INCOME									
Is anyone receiving or going to receive the following:									
Lump Sum Payment (Lawsuit/insurance, settlement, social security, SSI, SSDI, Inheritance, lottery, other)?	Yes	No	Amount:		Frequency:				
Child Support or Alimony (please circle)	Yes	No	Amount:		Frequency:				
Unemployment	Yes	No	Amount:		Frequency:				
ARE YOU CURRENTLY RECEIVING ANY OF THE FOLLOWING BENEFITS?									
Type of Benefit	Receiving		Amount	Type of Benefit			Receiving		
Food Stamps	Yes	No		School Lunch Program			Yes	No	
WIC	Yes	No		State Provided Childcare			Yes	No	
TANF	Yes	No		State Provided Healthcare/Dental			Yes	No	
EXPENSES									
Please do not include living expenses, i.e. car insurance, utilities, groceries etc...									
Do you pay for Adult daycare, child support, alimony, child daycare or medical expenses?				Yes	No	<u>If yes, list below.</u>			
TYPE OF EXPENSE	WHO IS IT FOR			FREQUENCY <small>(Weekly, Monthly, Annually, Semi-Annually)</small>			AMOUNT <small>If selected, you may be asked to submit proof</small>		