

Describe Any Disability or Health Problems of the Applicant (Attach Additional Sheets if Needed).

Name of Applicant's Spouse (If Any)

Applicant's Spouse's Employment Status (Please Check One):

- | | |
|--|---|
| <input type="checkbox"/> Employed Full Time | <input type="checkbox"/> Employed Part Time |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Laid Off |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Other (Please Explain): _____ | |

Name of Spouse's Employer (Last Employer if Unemployed)

If Spouse is Unemployed, Laid Off, Disabled, or Retired, State How Long in this Status

Describe Any Disability or Health Problems of the Applicant's Spouse (Attach Additional Sheets if Needed)

List All Sources of Personal Income (Income Includes All Money Coming into the Household from Any Source or Person)

Source	Annual Income	Source	Annual Income
Employment	\$	Pension	\$
Social Security	\$	Unemployment	\$
Worker's Comp	\$	Welfare Assistance	\$
ADC	\$	Food Assistance	\$
Alimony	\$	Child Support	\$
Interest/Dividends	\$	Insurance	\$
Gifts	\$	Other	\$

List the Total Income for Each Person Residing in the Household (Attach Additional Sheets if Needed)

Person	Total Income Last Year
Applicant	\$
Applicant's Spouse	\$
Other Person: _____	\$
Other Person: _____	\$
Other Person: _____	\$

List All Assets (Must Be Completed)

Cash	\$
Savings Account(s)	\$
Checking Account(s)	\$
Stocks/Bonds	\$
CDs	\$
Insurance	\$
Other (Describe Below)	\$
Other: _____	

List All Vehicles Members of the Household Own/Drive (Include Leased Vehicles)

Driver or Owner	Year	Make	Model
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe Any Anticipated Major Changes in Income for the Upcoming Year (Attach Additional Sheets if Needed)

