

# STATEMENT OF HOUSEHOLD INCOME

YOU MUST CIRCLE YES OR NO FOR EACH QUESTION

ALL Adult household members MUST complete a Statement of Income

Name: \_\_\_\_\_

Are you employed? YES / NO If yes: Name of Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ phone# \_\_\_\_\_ fax# \_\_\_\_\_

Hourly rate of pay is \$ \_\_\_\_\_ # of hours worked per week \_\_\_\_\_ paid: weekly bi-weekly monthly

Amount of weekly tips \$ \_\_\_\_\_ Amount of weekly commission \$ \_\_\_\_\_ Weekly bonus \$ \_\_\_\_\_

Do you have more than one Employer? YES / NO If yes: Name of Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ phone# \_\_\_\_\_ fax# \_\_\_\_\_

Hourly rate of pay is \$ \_\_\_\_\_ # of hours worked per week \_\_\_\_\_ paid: weekly bi-weekly monthly

Amount of weekly tips \$ \_\_\_\_\_ Amount of weekly commission \$ \_\_\_\_\_ Weekly bonus \$ \_\_\_\_\_

Do you receive Child Support or Alimony payments? YES / NO If yes, list below:

I receive child support from, (what County) \_\_\_\_\_ in the amount of (the amount you actually receive),  
\$ \_\_\_\_\_ circle one- weekly bi-weekly monthly

I receive child support from, (what County) \_\_\_\_\_ in the amount of (the amount you actually receive),  
\$ \_\_\_\_\_ circle one- weekly bi-weekly monthly

I receive child support from, (what County) \_\_\_\_\_ in the amount of (the amount you actually receive),  
\$ \_\_\_\_\_ circle one- weekly bi-weekly monthly

Do you receive unemployment benefits? YES / NO

If yes, what is the amount? \$ \_\_\_\_\_ Circle one- weekly bi-weekly monthly

Do you receive Worker's Compensation? YES / NO

If yes, what is the amount? \$ \_\_\_\_\_ Circle one- weekly bi-weekly monthly

Do you receive a pension? YES / NO

If yes, what is the amount? \$ \_\_\_\_\_ Circle one- weekly bi-weekly monthly

Do you or anyone in or household receive regular cash contributions from an individual or agency? YES / NO

If yes, from who? \_\_\_\_\_ Amount you receive \$ \_\_\_\_\_ weekly bi-weekly monthly

Do you or someone in your household receive Social Security or SSI? YES / NO If yes, please list below:

Name \_\_\_\_\_ Monthly amount \$ \_\_\_\_\_

Name \_\_\_\_\_ Monthly amount \$ \_\_\_\_\_

Name \_\_\_\_\_ Monthly amount \$ \_\_\_\_\_

Do you receive assistance from Jobs and Family Services? YES / NO If yes, answer the questions below:

Do you receive Food Stamps? YES / NO If yes, how much per month \$ \_\_\_\_\_

Do you receive Cash Assistance? YES / NO If yes, how much per month \$ \_\_\_\_\_

Are you under Sanction? YES / NO If yes, what is your pre-sanction amount \$ \_\_\_\_\_

Do you receive any income from any another source not listed above? YES / NO

If yes, from who? \_\_\_\_\_ Amount you receive \$ \_\_\_\_\_ weekly bi-weekly monthly