

<b>Client First Name</b>	<b>Middle Initial</b>	<b>Client Last Name</b>
<b>Social Security Number (Leave blank if no valid SS number for client)</b>		<b>Date of Birth (mm/dd/yyyy)</b>
<b>Separate section must be filled out for each legal household member age 18 and over – even if they do not earn income</b>		
**All sources in <b>BOLD</b> and with an asterisk that have an amount or are answered with a YES require <u>additional</u> supporting documentation**		

<b>Client</b>		<b>Additional Legal Household Member over age 18</b>	
		<b>Name:</b>	
<b>CURRENT MONTHLY INCOME (cannot leave blank)</b>		<b>CURRENT MONTHLY INCOME (cannot leave blank)</b>	
<b>Wages, salaries, cash, tips</b>	*	<b>Wages, salaries, cash, tips, etc.</b>	*
<b>Do you receive pay stubs (yes/no)?</b>	*	<b>Do you receive pay stubs (yes/no)?</b>	*
<b>Alimony or spousal support received</b>	*	<b>Alimony or spousal support received</b>	*
Self-employed, business income or loss		Self-employed, business income or loss	
IRA Distributions		IRA Distributions	
<b>Pensions and annuities (veteran or employer based pensions, retirement or disabilities)</b>	*	<b>Pensions and annuities (veteran or employer based pensions, retirement or disabilities)</b>	*
Rental, real estate, partnerships, S Corporations, trusts		Rental, real estate, partnerships, S Corporations, trusts	
Farm income or loss		Farm income or loss	
<b>Unemployment Income</b>	*	<b>Unemployment Income</b>	*
<b>Retirement from Social Security (SSA)</b>	*	<b>Retirement from Social Security (SSA)</b>	*
<b>Disability from Social Security (SSDI)</b>	*	<b>Disability from Social Security (SSDI)</b>	*
Supplemental Income from Social Security (SSI)		Supplemental Income from Social Security (SSI)	
<b>Other income (jury duty, gambling, etc.)</b>	*	<b>Other income (jury duty, gambling, etc.)</b>	*
Child Support, workers compensation		Child Support, workers compensation	
<b>Did you file a tax return (yes/no)?</b>		<b>Did this person file a tax return separately (yes/no)?</b>	
Comments (Additional room for comments on back):			

Client Signature

Date

This page is only required if there are more than one additional legal household member over age 18.

Additional Legal Household Member over age 18		Additional Legal Household Member over age 18	
Name:		Name:	
CURRENT MONTHLY INCOME (cannot leave blank)		CURRENT MONTHLY INCOME (cannot leave blank)	
Wages, salaries, cash, tips	*	Wages, salaries, cash, tips, etc.	*
Do you receive pay stubs (yes/no)?	*	Do you receive pay stubs (yes/no)?	*
Alimony or spousal support received	*	Alimony or spousal support received	*
Self-employed, business income or loss		Self-employed, business income or loss	
IRA Distributions		IRA Distributions	
Pensions and annuities (veteran or employer based pensions, retirement or disabilities)	*	Pensions and annuities (veteran or employer based pensions, retirement or disabilities)	*
Rental, real estate, partnerships, S Corporations, trusts		Rental, real estate, partnerships, S Corporations, trusts	
Farm income or loss		Farm income or loss	
Unemployment Income	*	Unemployment Income	*
Retirement from Social Security (SSA)	*	Retirement from Social Security (SSA)	*
Disability from Social Security (SSDI)	*	Disability from Social Security (SSDI)	*
Supplemental Income from Social Security (SSI)		Supplemental Income from Social Security (SSI)	
Other income (jury duty, gambling, etc.)	*	Other income (jury duty, gambling, etc.)	*
Child Support, workers compensation		Child Support, workers compensation	
Did you file a tax return (yes/no)?		Did this person file a tax return separately (yes/no)?	
Comments (Additional room for comments on back):			

Client Signature

Date