

4. I checked "No" in section 3, so I am providing the following financial information:

In **4a**, check "Yes" if you have applied for at least 1 of the benefits listed in section 3.

a. I have applied for 1 or more of the benefits listed in section 3:

- Yes No

In **4b**, check the box for each type of money you have received in the past month. Also enter the gross (before taxes) amount for each type.

b. I receive the following money each month. This includes money received by people I support who live with me. *(check all that apply)*

- My employment: \$ _____ Other people's employment: \$ _____
 Child support: \$ _____ Social Security (not SSI): \$ _____
 Pension: \$ _____ Unemployment: \$ _____
 Other *(list type and amount)*: _____ \$ _____
 No income

Total of all money received: \$ _____

Include the money received by the people you support who live with you. Support means that the people rely on you financially.

In **4c**, check the box for each type of money you have received in the past 12 months. For each type, enter the total amount received in the past 12 months before taxes.

c. I received the following total amount of money in the past 12 months. This includes money received by people I support who live with me. *(check all that apply)*

- My employment: \$ _____ Other people's employment: \$ _____
 Child support: \$ _____ Social Security (not SSI): \$ _____
 Pension: \$ _____ Unemployment: \$ _____
 Other *(list type and amount)*: _____ \$ _____
 No income

Total of all money received: \$ _____

Include the money received by the people you support who live with you.

In **4d**, check all of your expenses for the past month and list the monthly amounts. Include the expenses of the people you support who live with you.

d. My current monthly expenses are listed below. This includes the monthly expenses of the people I support who live with me. *(check all that apply)*

- Rent: \$ _____ per month
 Home Mortgage: \$ _____ per month
 Other Mortgage: \$ _____ per month
 Utilities: \$ _____ per month
 Food: \$ _____ per month
 Medical: \$ _____ per month
 Car Loan: \$ _____ per month
 Other *(list type and amount)*: _____ \$ _____ per month
 I have no expenses

Total of all expenses: \$ _____

