

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

Client		Additional Legal Household Member over age 18	
		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

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