

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

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.

Under **Other** in **4b** and **4c**, include any money received from family or friends.

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

In **4d**, check all of your debts and expenses for the past month and list the amount of money you pay each month for that expense.

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

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

Yes No

b. I received the following money in the past month. *(check all that apply)*

- My employment: \$ _____ Social Security (not SSI): \$ _____
- Child support: \$ _____ Unemployment: \$ _____
- Pension: \$ _____
- Money from other household members: \$ _____
- Other *(list type and amount)*: _____ \$ _____
- No income

Total of all money received in the past month: \$ _____

c. I received the following total amount of money in the past 12 months. *(check all that apply)*

- My employment: \$ _____ Social Security (not SSI): \$ _____
- Child support: \$ _____ Unemployment: \$ _____
- Pension: \$ _____
- Money from other household members: \$ _____
- Other *(list type and amount)*: _____ \$ _____
- No income

Total of all money received in the past 12 months: \$ _____

d. My current monthly debts and expenses are listed below. *(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
- Childcare: \$ _____ per month
- Child Support: \$ _____ per month
- Other expenses not listed above *(list type and amount)*: _____ \$ _____

Other debts not listed above *(list type and amount)*: _____ \$ _____

I have no expenses.

Total of all expenses: \$ _____ per month

