

HOUSEHOLD MEMBERS: List all members residing at this address on January 1, 2024

Name	Relationship to applicant	Date of Birth	Occupation

HOUSEHOLD GROSS INCOME DURING PRECEDING CALENDAR YEAR (attach Federal/State Tax return)

List income received from ALL sources for each member of household 18 and older.

Type of Income	Applicant	co-owner or	co-owner or
		other member	other member
Wages, salaries, other compensation			
Social Security			
Other pension/retirement benefits			
Interest/dividends			
Rental income			
Net profit from business			
Capital gains			
Reverse Mortgage			
Public assistance			
Unemployment compensation			
Disability compensation			
Other (specify)			
TOTAL INCOME			

ASSETS

Bank Accounts			
Stocks/Bonds			
IRAs			
Other			
TOTAL ASSETS			

HOUSEHOLD OUT OF POCKET MEDICAL EXPENSES DURING PRECEDING CALENDAR YEAR:			
Health Insurance premiums			
Diagnostic tests/prescription drugs			
Doctors/hospitals			
Medical equipment			
Other			
TOTAL OUT OF POCKET			
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