

HOUSEHOLD MEMBERS: List all members residing at this address on January 1, 2025				
	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 other member	co-owner or 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			
	Doctors/hospitals			
	Diagnostic tests/prescription drugs			
	Medical equipment			
	Other			
	TOTAL OUT OF POCKET			