CHECKLIST #2

INCOME OR BENEFITS RECEIVED FOR EACH HOUSEHOLD MEMBER

In the boxes below, write the names of your, your spouse and all household members. Circle all sources of income for each person

	YOU	SPOUSE	Household Member 1	Household Member 2	Household Member 3	Household Member 4
NAMES:						
RELATIONSHIP TO YOU:						
NUMBER OF MONTHS LIVED IN HOME:						
AMOUNT PAID TOWARDS RENT or OTHER EXPENSED (if any)						
	Employment	Employment	Employment	Employment	Employment	Employment
	Unempl/Work Comp	Unempl/Work Comp	Unempl/Work Comp	Unempl/Work Comp	Unempl/Work Comp	Unempl/Work Comp
	Alimony/Child Support	Alimony/Child Support	Alimony/Child Support	Alimony/Child Support	Alimony/Child Support	Alimony/Child Support
	Social Security	Social Security	Social Security	Social Security	Social Security	Social Security
	SSI	SSI	SSI	SSI	SSI	SSI
	Veterans Payments	Veterans Payments	Veterans Payments	Veterans Payments	Veterans Payments	Veterans Payments
	Disability	Disability	Disability	Disability	Disability	Disability
	Pension	Pension	Pension	Pension	Pension	Pension
	IRA'S or 401K's	IRA'S or 401K's	IRA'S or 401K's	IRA'S or 401K's	IRA'S or 401K's	IRA'S or 401K's
	Insurance Policy	Insurance Policy	Insurance Policy	Insurance Policy	Insurance Policy	Insurance Policy
	Annuity	Annuity	Annuity	Annuity	Annuity	Annuity
	Inheritance	Inheritance	Inheritance	Inheritance	Inheritance	Inheritance
	Rental Income	Rental Income	Rental Income	Rental Income	Rental Income	Rental Income
	Food Stamps/WIC	Food Stamps/WIC	Food Stamps/WIC	Food Stamps/WIC	Food Stamps/WIC	Food Stamps/WIC
	Educational Aid	Educational Aid	Educational Aid	Educational Aid	Educational Aid	Educational Aid
	Other Income	Other Income	Other Income	Other Income	Other Income	Other Income
	No Income	No Income	No Income	No Income	No Income	No Income