

HOUSEHOLD MEMBERS (LIST ONLY THOSE WHO ARE ON YOUR INCOME TAX RETURN)
 *ALL OTHER MEMBERS IN HOUSEHOLD NEED TO APPLY SEPARATELY

<u>Name</u>	<u>Date of Birth</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

INCOME: List **ALL Household income** for the following sources:

Do you file a tax return? Yes _____ No _____

Please provide a copy of your most recent income tax return. If you have a change in financial circumstance since the last income tax return, please provide documentation of current income or financial status.

	Total for 12 months
Wages	_____
Social Security	_____
Farm or Self-Employment	_____
Public Assistance	_____
Strike Benefits	_____
Military Family Pensions	_____
Pensions	_____
Dividend or Interest Income	_____
Rental Income	_____
Other	_____
Total	_____

Change of Circumstances: Since the date that you filed your last income tax return, has your income changed drastically? Have you had a change in your financial circumstances?

Please write a detailed note about the way it has changed. _____

I affirm that the above information is true and correct to the best of my knowledge.

 Date

 Signature

 Relationship to patient(s)