

ANSWER SHEET - Record Income Sources and Amounts for Household Adults Aged 15 and Older

	Person 1 (15+): name_____	Person 2 (15+): name_____	Person 3 (15+): name_____	Person 4 (15+): name_____	Person 5 (15+): name_____	Person 6 (15+): name_____
Income source:						
Earned income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w/ tips/bonuses/etc. Total:	.00	.00	.00	.00	.00	.00
net bus./farm earnings						
w/ tips/bonuses/etc. Total:	.00	.00	.00	.00	.00	.00
other work Total:	.00	.00	.00	.00	.00	.00
tips/bonuses/etc. + amount						
other busineses earning + amount						
Income total:	.00	.00	.00	.00	.00	.00
Unemployment/ Workers comp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total:	.00	.00	.00	.00	.00	.00
supplemental unempl. Total:	.00	.00	.00	.00	.00	.00
union unemploy. Total:	.00	.00	.00	.00	.00	.00
workers compensation Total:	.00	.00	.00	.00	.00	.00
Unemp. total:	.00	.00	.00	.00	.00	.00
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total:	.00	.00	.00	.00	.00	.00
Child's Social Security Total:	.00	.00	.00	.00	.00	.00
Soc. Sec total:	.00	.00	.00	.00	.00	.00
Supplemental Security Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total:	.00	.00	.00	.00	.00	.00
Child's SSI Total:	.00	.00	.00	.00	.00	.00
SSI total:	.00	.00	.00	.00	.00	.00

		name 1: _____	name 2: _____	name 3: _____	name 4: _____	name 5: _____	name 6: _____
Public Assistance	Total:	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00
SNAP (Food Stamps)	Total:	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00
WIC		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's payments	Total:	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00
Veteran's payments 2	Total:	.00	.00	.00	.00	.00	.00
	Vet. total:	.00	.00	.00	.00	.00	.00
Survivor benefits	Total:	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00
Survivor benefits 2	Total:	.00	.00	.00	.00	.00	.00
Survivor benefits 3	Total:	.00	.00	.00	.00	.00	.00
	Surv. total:	.00	.00	.00	.00	.00	.00
Disability income	Total:	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00
Disability income 2	Total:	.00	.00	.00	.00	.00	.00
Disability income 3	Total:	.00	.00	.00	.00	.00	.00
	Disabil. total:	.00	.00	.00	.00	.00	.00
Retirement Accounts	value	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00
Retirement/Pension Income	Total:	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00	<input type="checkbox"/> .00
retirement/pension 2	Total:	.00	.00	.00	.00	.00	.00
retirement/pension 3	Total:	.00	.00	.00	.00	.00	.00
	Retir. total:	.00	.00	.00	.00	.00	.00

		name 1: _____	name 2: _____	name 3: _____	name 4: _____	name 5: _____	name 6: _____
retirement assets	value	.00	.00	.00	.00	.00	.00
Interest (retirement)	Total:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
non-retirement assets	value	.00	.00	.00	.00	.00	.00
Interest (non-retirmt)	Total:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dividends (retirement)	value	.00	.00	.00	.00	.00	.00
Dividends (retirement)	Total:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dividends (non-retrmt)	value	.00	.00	.00	.00	.00	.00
Dividends (non-retrmt)	Total:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property Income	Total:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Assistance	Pell total:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other education	Total:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Educ. total:	.00	.00	.00	.00	.00	.00
Child Support	Total:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alimony payments	Total:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Assistance	Total:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other money income	Total:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other money income2	Total:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other total:	.00	.00	.00	.00	.00	.00
Any energy assistance	Total:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>