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| HOUSEHOLD MEMBER INCOME |
| **Household Member Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Monthly Income Sources and Amounts:***Enter as many income amounts as needed.* *Please* ***select******one(1)*** *as their* ***primary*** *income source.***🡫*** $\_\_\_\_\_\_\_\_\_\_\_\_ Full – Time Employment
* $\_\_\_\_\_\_\_\_\_\_\_\_ Part – Time Employment
* $\_\_\_\_\_\_\_\_\_\_\_\_ Temporary/Seasonal Employment
* $\_\_\_\_\_\_\_\_\_\_\_\_ Pension
* $\_\_\_\_\_\_\_\_\_\_\_\_ Disability
* $\_\_\_\_\_\_\_\_\_\_\_\_ Pension
* $\_\_\_\_\_\_\_\_\_\_\_\_ Supplemental Security Income (SSI)
* $\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Disability Income(SSDI)
* $\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Benefits
* $\_\_\_\_\_\_\_\_\_\_\_\_ Volunteer
* $\_\_\_\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No Income 🞏 Prefer not to Say
 | **Social Services Received:*** Elderly Low Cost Drug Program
* Elderly Tax and Rent Refund
* General Assistance
* LIHEAP
* Medicaid/Mainecare
* Medicare
* School Meals
* SNAP - formerly food stamps
* SSDI
* SSI
* TANF
* Supplemental Assistance for Women, Infants and Children (WIC)
* Vets Aid
* Other
* None
 |
| **Household Member Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Monthly Income Sources and Amounts:***Enter as many income amounts as needed.* *Please* ***select******one(1)*** *as their* ***primary*** *income source.***🡫*** $\_\_\_\_\_\_\_\_\_\_\_\_ Full – Time Employment
* $\_\_\_\_\_\_\_\_\_\_\_\_ Part – Time Employment
* $\_\_\_\_\_\_\_\_\_\_\_\_ Temporary/Seasonal Employment
* $\_\_\_\_\_\_\_\_\_\_\_\_ Pension
* $\_\_\_\_\_\_\_\_\_\_\_\_ Disability
* $\_\_\_\_\_\_\_\_\_\_\_\_ Pension
* $\_\_\_\_\_\_\_\_\_\_\_\_ Supplemental Security Income (SSI)
* $\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Disability Income(SSDI)
* $\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Benefits
* $\_\_\_\_\_\_\_\_\_\_\_\_ Volunteer
* $\_\_\_\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No Income 🞏 Prefer not to Say
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* Other
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