

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
- \$ _____ 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

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