



## Applicant's Financial Survey

Please complete this survey to the best of your ability and return to eligibility staff for review during your eligibility interview. This survey will help staff complete your eligibility determination. You are not expected to complete all questions if you are unsure of the answers. Just respond truthful to the questions you know.

**Applicants Name                      Address**

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**Are you participating in any of the following programs?** (If so please provide documentation)

Medicaid (including Medically Needy): (specify type)	<input type="checkbox"/>
Project AIDS Care	<input type="checkbox"/>
Food Stamps	<input type="checkbox"/>
SSI (Supplemental Security Income)	<input type="checkbox"/>
Veterans Benefits	<input type="checkbox"/>
Low Income Subsidy (Other Help, Medicare Part D)	<input type="checkbox"/>
TANF (Temporary Assistance for Needy Families)	<input type="checkbox"/>

**Household Information:**

How many adults live in your household?	
Is one of the adults your spouse?	
How many dependent children do you have in your home?	
Do you have someone living with you who shares expenses? (If yes, who?)	
Do you have a joint checking or savings with someone? (If yes, who?)	
Are you financially dependent on someone for your support?	

**List monthly or annual income from all sources in the household:**

Unemployed	
Employment (where)	
Self Employed	
Checking Account	
Savings Account	
Investment income (Ex: rental properties)	
Retirement Income (if accessed)	
Disability Benefits	
Alimony	
Child Support	
Other (specify)	
<b>Total Household Income</b>	

**Thank You.**