

3. **Dependents:** *Household dependents that are claimed on tax return.*
Dependents over 18 must show proof of disability and/or verification of income if providing towards support of household.

Name	Relationship	Date of Birth

4. **Income:** A) List total gross income for household below for the last 12 months;
 B) You must provide a copy of your most recent Federal Income Tax Return (or complete a Form 4506-T to verify that you did not file Federal income Tax); or
 C) You must provide us with verification of income for the last 3 months.

<u>Self</u>		<u>Spouse</u>	
Wage Income	_____	Wage Income	_____
Farm or Self-Employment	_____	Farm or Self-Employment	_____
Social Services (Food Stamps, AFDC, WIF, etc.)	_____	Social Services (Food Stamps, AFDC, WIF, etc.)	_____
Social Security/Disability	_____	Social Security/Disability	_____
Unemployment compensation	_____	Unemployment compensation	_____
Worker's Compensation	_____	Worker's Compensation	_____
Strike Benefits	_____	Strike Benefits	_____
Alimony/Child Support	_____	Alimony/Child Support	_____
Military Family Allotments	_____	Military Family Allotments	_____
Pension	_____	Pension	_____
Income from Dividends/Interest	_____	Income from Dividends/Interest	_____
Rental Property	_____	Rental Property	_____
Inheritance	_____	Inheritance	_____
Stocks/Bonds	_____	Stocks/Bonds	_____
Other	_____	Other	_____
Sub Total:	_____	Sub Total:	_____

TOTAL: _____

5. Health Insurance: Do you have any type of health insurance such as Blue Cross, Medicare, Medicaid, or commercial insurance? Yes No If yes, please specify below:

Insurance Name: _____ Policy # _____ Group # _____

Insurance Name: _____ Policy # _____ Group # _____

In order to make a determination on your application, please provide me with the following:

Return requested documentation by: _____

I affirm that the information listed in this Request is true and correct to the best of my knowledge. I hereby authorize HAMC to investigate any information provided and I authorize the release of any information that HAMC deems necessary in making an eligibility determination.

Signature (person making request)

Date