

ATTACHMENT 6-I

ELIGIBILITY, INCOME, AND DEDUCTION CHECKLIST

Head of household and/or the co-head should complete.

LIST ALL HOUSEHOLD MEMBERS:

| <u>Name (Last, First, M.I.)</u> | <u>Relationship</u> | <u>Date of Birth</u> | <u>Sex</u> | <u>Social Security #</u> |
|---------------------------------|---------------------|----------------------|------------|--------------------------|
| _____ | _____ | __/__/__ | ___ | _____ |
| _____ | _____ | __/__/__ | ___ | _____ |
| _____ | _____ | __/__/__ | ___ | _____ |
| _____ | _____ | __/__/__ | ___ | _____ |
| _____ | _____ | __/__/__ | ___ | _____ |
| _____ | _____ | __/__/__ | ___ | _____ |
| _____ | _____ | __/__/__ | ___ | _____ |
| _____ | _____ | __/__/__ | ___ | _____ |

| ELIGIBILITY: | YES | NO |
|--|------------|-----------|
| 1. I have a household member who is absent from the home due to: | | |
| Employment | | |
| Military service | | |
| Placement in foster care | | |
| Temporarily in nursing home or hospital | | |
| Permanently confined to nursing home | | |
| Away at school | | |
| Other | | |
| 2. I have a live-in attendant | | |
| 3. Expected changes in household: | | |
| Baby due on _____ | | |
| Adopting a child(ren) on _____ | | |
| Obtaining custody of a child(ren) on _____ | | |
| Obtaining joint custody of a child(ren) on _____ | | |
| Receiving a foster child(ren) on _____ | | |

INCOME, ASSET, AND DEDUCTIONS

| A. Income: | YES | NO |
|---|------------|-----------|
| 1. Are you or any other members of the household currently receiving income from any of the following sources? | | |
| Wages/salaries | | |
| Wages earned through a government program such as Senior Aides, Older American Community Service Employment Program, AmeriCorps If yes, which program: _____ | | |
| Tips, bonuses, or commissions | | |
| Overtime pay | | |
| Income from operation of a business | | |
| Social Security | | |
| Disability / SSI | | |
| Death Benefits | | |
| Pension / retirement funds | | |
| Annuities or non-revocable trust | | |
| Unemployment | | |
| Military pay | | |
| Workman's Compensation | | |
| Public assistance / TANF | | |
| Alimony | | |
| Child Support | | |
| Income from rent or sale of property | | |
| Periodic payment from lottery winnings | | |
| Regular recurring contributions from persons or agencies outside of household | | |
| Insurance policies | | |
| Severance pay | | |
| Other | | |
| | | |
| 2. Are there any adult members of the household (18 years of age or older) receiving income not listed above? If yes, specify the source of the income _____ | | |

| B. Assets: | YES | NO |
|---|------------|-----------|
| 1. Do you or any other members of the household have any of | | |
| The following: | | |
| Checking accounts – average balance last 6 months | | |
| Savings accounts –current balance | | |
| Certificates of deposit | | |
| Money market funds | | |
| IRA/Keogh account | | |
| Stocks | | |
| Bonds | | |
| Treasury bills | | |
| Trust funds (do you have access to the funds?) | | |
| If yes, is the trust irrevocable? | | |
| Real estate | | |
| Whole life or universal life insurance policy (term not included) | | |
| Cash held in safety deposit boxes or home | | |
| Assets held in another state or foreign country | | |
| Other | | |
| | | |
| 2. Have you or any other members of the household received any | | |
| lump sum payments, such as: | | |
| Inheritance | | |
| Lottery winnings | | |
| Insurance settlements | | |
| Other | | |
| | | |
| 3. Have you or any other household members disposed of any asset(s) | | |
| for less than fair market value in the past two (2) years? | | |
| | | |
| 4. Do you or any other household members have any assets that are | | |
| held jointly with another person? | | |

| C. Deductions: | YES | NO |
|--|------------|-----------|
| 1. Are there any fulltime students 18 years of age or older in the household? | | |
| | | |
| 2. Does any household member qualify for elderly deduction (age 62 or older or a person with disabilities)? | | |
| | | |
| 3. Do you have medical expenses that are not paid for by an outside source such as insurance (applicable to elderly/disabled)? | | |
| | | |
| 4. Do you have disability expenses that are not paid for by an outside source? | | |
| If yes, is this service necessary to enable a household member (including the member with a disability) to be employed? | | |
| | | |
| 5. Do you have attendant care expenses? | | |
| If yes, is this service necessary to enable a household member (including the member with a disability) to be employed? | | |
| | | |
| 6. Do you currently pay for childcare services for any children under the age of 13 residing in your household? | | |
| If yes, is this service necessary in order for you to be employed or to attend school? | | |
| If yes, are any of these expenses reimbursed by an outside source? | | |