

Blanche Fischer Foundation INCOME WORKSHEET

*Note: **All** household members income must be listed. Guardians sign for dependent children.*

MONTHLY INCOME	
Social Security Benefit	
Social Security Disability Insurance (SSDI)	
Supplemental Security Income (SSI)	
Primary earner <i>Gross Wages</i> (paid employment)	
Secondary earner <i>Gross Wages</i> (paid employment)	
Pensions	
Annuities	
Child Support	
Alimony	
Food Stamps	
Business Income	
Other	
*Gross wages are used to determine Federal Poverty Level	
A. TOTAL INCOME	
MONTHLY EXPENSES	
Housing	
Rent	
Mortgage	
Property Taxes	
Utilities	
Food	
Transportation	
Auto Insurance	
Car Payment	
Bus Passes	
Health Insurance	
Other Insurance (specify)	
Co-pays	
Pharmaceuticals	
Durable Medical Equipment operational expense	
In-home care	
Other	
Other	
Other	
Other	
B. TOTAL EXPENSE	

I certify that to the best of my knowledge all the information on this form is correct. I also understand that failure to report all requested information completely and accurately may result in denial of my grant application.

Signature

Print Name

Date