

If you live with your spouse, your children, your domestic partner, or any other family members that are dependent on you, please provide information about those additional household members below.

HOUSEHOLD MEMBER 2		
LEGAL NAME - LAST	LEGAL NAME - FIRST	RELATIONSHIP TO APPLICANT
DID THEY MOVE TO THE U.S. WITHIN THE LAST YEAR?	DATE MOVED TO U.S. WITHIN THE LAST YEAR (MM/DD/YY)	COUNTRY MOVED FROM WITHIN THE LAST YEAR

**Do they receive income?**      Yes      No

If yes, please check the box for each type of income they received during the last year and fill in the dollar amount that they received of each. You must provide proof of this income when you submit this application.

	JOB (Salary, Wages, Commission or Tips))	\$ _____
	SELF-EMPLOYMENT	\$ _____
	UNEMPLOYMENT	\$ _____
	SOCIAL SECURITY BENEFITS	\$ _____
	RETIREMENT	\$ _____
	CHILD OR SPOUSAL SUPPORT	\$ _____
	PENSION BENEFITS	\$ _____
	INVESTMENT INCOME	\$ _____
	CAPITAL GAINS	\$ _____
	RENTAL OR ROYALTY	\$ _____
	FARMING OR FISHING	\$ _____
	ALIMONY RECEIVED	\$ _____
	TAXABLE SCHOLARSHIP	\$ _____
	CANCELLED DEBT	\$ _____
	COURT AWARDS	\$ _____
	GAMBLING, PRIZES OR AWARDS	\$ _____
	JURY DUTY PAY	\$ _____
	OTHER	\$ _____