



## FINANCIAL WORKSHEET

APPLICANT: \_\_\_\_\_ SAMS #/DOB: \_\_\_\_\_  
 SPOUSE: \_\_\_\_\_ SAMS #/DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

INCOME: Complete Income Section for all consumers	A. APPLICANT		B. SPOUSE (consider separately for waiver consumers)	
	Monthly	Annual	Monthly	Annual
a. Wages/Salary & Self Employment Income				
b. Social Security Income including Medicare deductions				
c. Disability Insurance Income				
d. Rental (Rental Worksheet)				
e. Interest/Dividends				
f. Public Assistance				
g. Pensions and Annuities				
h. Unemployment/Worker's Compensation				
i. Alimony and Child Support				
j. Federal Veteran's Pension				
k. Railroad Retirement Benefits				
l. Business Income				
m. IRA Distributions				
n. Lump Sum Payment Income				
o. Other Income				
<b>Monthly Subtotals</b>		<b>x 12 =</b>		<b>x 12 =</b>
<b>p. Annual Totals</b>				
<b>q. TOTAL</b>				