

SECTION 11 – TAX FILING/DEPENDENT STATUS - Please select the tax status for each individual living in the household.

			TAX STATUS						
FIRST NAME	MIDDLE INITIAL	LAST NAME	SINGLE	MARRIED FILING JOINTLY	MARRIED FILING SINGLE	HEAD OF HOUSEHOLD (WITH QUALIFYING INDIVIDUAL)	QUALIFYING WIDOW(ER) WITH DEPENDENT CHILD	DEPENDENT AND WILL BE FILING TAXES	WILL NOT BE FILING TAXES

Tax dependents not living in the household. Please list any tax dependents who do not live with you and are claimed by you or anyone in your household. If you do not file taxes, you can skip this question.

NAME OF TAX DEPENDENT			NAME OF TAX FILER		
FIRST NAME	MIDDLE INITIAL	LAST NAME	FIRST NAME	MIDDLE INITIAL	LAST NAME

SECTION 12 – ABSENT/DECEASED SPOUSE INFORMATION – If the spouse of anyone applying lives someplace else or is deceased, please indicate below.

NAME OF PERSON APPLYING	NAME OF SPOUSE	DATE OF SPOUSE'S BIRTH	DATE OF SPOUSE'S DEATH, IF APPLICABLE	SPOUSE'S SOCIAL SECURITY NUMBER	
SPOUSE'S ADDRESS, IF APPLICABLE		CITY	COUNTY	STATE	ZIP CODE

SECTION 13 – ABSENT CHILD INFORMATION – If anyone applying has a child under the age of 21 living someplace else, please indicate below.

NAME OF PERSON APPLYING	NAME OF ABSENT CHILD	DATE OF BIRTH	ADDRESS OF CHILD (STREET, CITY, COUNTY, STATE, AND ZIP CODE)	PATERNITY ESTABLISHED?		DO YOU PAY CHILD SUPPORT?	
				Yes	No	Yes	No

SECTION 14 – TEEN PARENT INFORMATION

TEEN PARENT INFORMATION	TEEN PARENT	TEEN PARENT CHILDREN
Is there a parent under the age of 18 ("teen parent") in the household? Yes No Name _____	LN NO. _____ Marital Status _____ High School Diploma/High School Equivalent? _____ LN NO. _____ Marital Status _____ High School Diploma/High School Equivalent? _____	LN NO. _____ LN NO. _____
Does the teen parent's child live in the household? Yes No Name of teen parent's child _____		

SECTION 15 – INCOME INFORMATION:													
Indicate if you or anyone who lives with you receives money from:	YES	NO	WHO	AMOUNT/VALUE & FREQUENCY	WHO	AMOUNT/VALUE & FREQUENCY	CD	INCOME					
Unemployment Insurance Benefits 1							49	LN No.	SOURCE CODE	AMOUNT	PERIOD		
Supplemental Security Income (SSI) Benefits (State and Federal Total) 2							45						
Social Security Disability (SSD) Benefits 3							42						
Social Security Dependent Benefits 4													
Social Security Survivor’s Benefits 5							43						
Social Security Retirement Benefits 6							44						
Railroad Retirement Benefits 7							38						
Retirement Benefits (Pensions) 8							39						
Dividends/Interest from Stocks, Bonds, Savings, etc. 9							03						
Workers’ Compensation 10							59						
NYS Disability Benefits 11							33						
Veteran’s Pension/Benefits/Aid and Attendance 12							55						
Public Assistance Grant 13							37						
GI Dependency Allotments 14							10						
Education Grants or Loans 15													
Contributions/Gifts (Received) 16													
Foster Care Payments (Received) 17													
Child Support Payments (Received) Received From: 18							06	<div>CONSIDER</div> <div>✓ Child Support Disregard/Pass-Through</div> <div><input type="checkbox"/> Explained <input type="checkbox"/> Budgeted</div> <div>✓ SNAP Aged/Disabled Indicator</div> <div>✓ Disability Review</div> <div>✓ Reception and Placement Grant (SNAP Only)</div> <div>✓ Refugee Matching Grant</div>					
Spousal Support (Received) 19							02						
Private Disability Insurance - Health/Accident Insurance Policy Income 20													
No-Fault Insurance Benefits 21							50						
Union Benefits (including Strike Benefits) 22													
Loans, Other than Education (Received) 23													
Income from a Trust (including income you are currently entitled to receive, or were entitled to receive in the past, that has not been distributed) 24													
Training Allotments/Stipends 25							31						
Rental Income (Received) 26							14						
Boarders/Lodgers Income (Received) 27													
Other Income (Please Specify)													