



8. Not counting your spouse if you are married, how many other relatives live in your household and receive **at least one-half** of their financial support from you or your spouse? We count relatives related to you by blood, marriage or adoption.

Place an in only one box. **Do not include yourself or your spouse in the number you enter.** If your household consists only of you or you and your spouse, place an in the **NONE** box.

NONE 1 2 3 4 5 6 7 8 9 or more

9. If you or your spouse, if married and living together, receive income from any of the sources listed below, please enter the total amount you receive each month. **If the amount changes from month to month or you do not receive it every month, enter the average monthly income for the past year for each type** in the appropriate boxes. Do not list wages and self-employment, interest income, public assistance, medical reimbursements or foster care payments here. If you or your spouse do not receive income from a source listed below, place an in the **NONE** box for that source.

		Monthly Benefit
• Social Security benefits before deductions	<input type="checkbox"/> NONE	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
• Railroad Retirement benefits before deductions	<input type="checkbox"/> NONE	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
• Veterans benefits before deductions	<input type="checkbox"/> NONE	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
• Other pensions or annuities before deductions . Do not include money you receive from any item you included in question 4.	<input type="checkbox"/> NONE	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
• Other income not listed above, including alimony, net rental income, workers' compensation, etc. (Specify): _____	<input type="checkbox"/> NONE	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

10. Have any of the amounts you included in question 9 decreased during the last two years?
 YES **NO**

11. Do you count on anyone to help pay for any of the following household expenses — food, mortgage, rent, heating fuel or gas, electricity, water and property taxes? **Do NOT include** food stamps, house repairs, help from a housing agency, an energy assistance program, Meals on Wheels, contributions from food banks, soup kitchens or help with medical treatment and drugs. Do not include small amounts of money given occasionally or unexpectedly.
 YES **NO**

If you place an in the **YES** box, enter the monthly amount or, if the amount changes from month to month, enter the average monthly amount for the past year.
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