IL-1a
06/07

INDEPENDENT LIVING PROGRAM
CONFIDENTIAL REPORT OF FINANCIAL CIRCUMSTANCES

In order for you and your IL Coordinator to determine financial need for the services outlined in your Independent Living Plan, the following financial information is required. (Note: Minors living with parent(s) must include the parent(s) income. Married applicants must include the income of their spouse.) Tax forms, check stubs, retirement documents, and other forms of verification may be required.

_____/_____/_____
Full Name Social Security Number Age

[ ] I choose not to complete the financial disclosure form. In doing so, I understand that I will **not** be eligible to receive paid Independent Living assistive technology services.

Family Size _____ Include all household members included as dependents on federal tax forms. (If you don't file federal taxes, include all household members who could be included as dependents if you did file.)

Number of dependents 18 years or older_____
Number of minor dependents _____

1. ***Monthly*** Supplemental Security Income (SSI) $_____

2. ***Monthly*** Gross Earned Income
   - Your own $_____
   - Parent(s) (if a minor) $_____
   - Income of spouse $_____

   Total ***Monthly*** Earned Income $_____

3. Allowable Deductions from ***Monthly*** Earned Income
   - State and Federal Tax $_____
   - FICA $_____
   - Retirement you pay $_____

   Adjusted Gross ***Monthly*** Income $_____

4. Additional ***Monthly*** Income
   - Alimony and Child Support $_____
   - Veterans Pension $_____
   - Interest or Dividend Income $_____
   - Social Security Retirement $_____
   - Workers Compensation $_____
   - Social Security Disability Insurance (SSDI) $_____
   - Other Disability compensation $_____

   Total Additional ***Monthly*** Income $_____

   Add Adjusted Gross ***Monthly*** Inc. $_____

5. Total ***Monthly*** Non-exempt Income $_____

6. Liquid Assets (include all liquid assets unless in a qualified retirement account)
   - Savings Account $_____
   - Other Liquid Assets $_____

   Total Liquid Assets $_____

Do you anticipate any significant changes in your financial circumstances within the next year? Y / N
If yes please list the source _____ Please list the *monthly* amount $_____

Allowable *Monthly* Expenses You Pay

Monthly court ordered support payments i.e. alimony or child support for children **not** counted as family members on the front of this form (fines, restitution, and other non-support payments are not allowed). $_____

Monthly medical and dental expenses which are **not** reimbursed $_____

Monthly health insurance premiums (your portion) $_____

Other ***monthly*** disability related expenses which are **not** reimbursed

Personal assistance services $_____

Disability related transportation expenses $_____

Repairs to prosthetic appliances, mobility aids, and adaptive equipment $_____

Monthly cost of therapy $_____

Monthly cost of any disability related service for spouse or dependent $_____

Other ***monthly*** disability related expenses not included above

_____ $_____

_____ $_____

7. Total *Monthly* Allowable Expenses $_____

I certify that the information contained in this form is true and correct to the best of my knowledge. Inaccurate or falsified information may be cause for denial of Independent Living paid services conditioned on financial need. *I will immediately notify the Independent Center of any change(s) to my financial circumstances.*

_____ _____

Signature of Consumer/Representative **Date**