

FOR OFFICE USE ONLY

I certify that I asked the applicant/recipient about all sources of income received by the household before using this form, and that I made the best efforts to obtain all other possible sources of documentation. The information reported on this form and all attached documents were provided solely by the applicant/recipient. I did not modify the information in any way.

DOCUMENTS PROVIDED IN THE APPLICATION:

PROOF OF INCOME	<input type="checkbox"/> Profit & Loss (3 months)	<input type="checkbox"/> Alimony	<input type="checkbox"/> In Kind Donation of Room and Board
<input type="checkbox"/> Tax Return	<input type="checkbox"/> Public Assistance (Cal-Works)	<input type="checkbox"/> Child Support	<input type="checkbox"/> Cash Gift or Temporary Support
<input type="checkbox"/> W-2 Form	<input type="checkbox"/> Social Security (SSA, SSD, SSI, RSDI)	<input type="checkbox"/> Military family allotments	<input type="checkbox"/> Savings
<input type="checkbox"/> 1099 MIC., 1099 INT.	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Royalties & Annuity payments	<input type="checkbox"/> Inheritance
<input type="checkbox"/> Pay check stubs	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Interests & Dividends payments	<input type="checkbox"/> Sale of Property
<input type="checkbox"/> Employment Letter	<input type="checkbox"/> State Disability	<input type="checkbox"/> Income from rents	<input type="checkbox"/> Gifts Income
<input type="checkbox"/> Self Declaration of Income	<input type="checkbox"/> Pension/Retirement		

Calculation and Notes:

Family Size:		Total Gross Annual Household Income \$ _____		
Sliding Fee Level:	Nominal Fee \$ _____	Dental Fee \$ _____ Or % _____	Effective:	Expires:
Processed by			Date	