

Family Income

Determine the family's income. Indicate the source by listing the gross earnings in the appropriate section.			
Weekly →X 52	Bi-Weekly (every 2 weeks) →X 26	Semi-Monthly (twice a month) →X 24	Monthly → X 12
Source	Gross Earnings	X <small>(see schedule above)</small>	Annual Subtotal
Participant Income			
Spousal/Partner income			
Other:			
Total Income:			

Indicate the type of income your family receives by placing a check in the box next to the appropriate item.	
<p><input type="checkbox"/> Employment</p> <hr/> <p><input type="checkbox"/> Social Security</p> <hr/> <p><input type="checkbox"/> Unemployment Benefits</p> <hr/> <p><input type="checkbox"/> VA Benefits</p> <hr/> <p><input type="checkbox"/> No income (Supported by Family)</p>	<p><input type="checkbox"/> Public Assistance <input type="checkbox"/> SSI <input type="checkbox"/> TANF</p> <hr/> <p><input type="checkbox"/> Pension</p> <hr/> <p><input type="checkbox"/> Child Support /Alimony</p> <hr/> <p><input type="checkbox"/> Self-Employed</p> <hr/>

AGREEMENT TO PARTICIPATE

I understand that I am volunteering to participate in the AVANCE Programs and can withdraw at any time. I also understand that all information will be kept confidential and will only be used without identifying me personally.

PARTICIPANT NAME

Date _____

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