

CHECKLIST FOR DETERMINING TOTAL HOUSEHOLD RESOURCES

For the items below, enter the total amounts for the **year**, not the monthly amounts. Include both taxable and nontaxable income; gifts of cash and all payments made on your behalf must be included in total household resources.

Remember to keep this copy with your tax records/documentation for the appropriate year.

- Wages, salaries, tips, sick, strike or Sub pay (**attach copies of all W-2's**) _____
- All interest and dividend income (including nontaxable interest income) _____
- Net business income (including net farm income). If negative enter "0" _____
- Net royalty or rent income. If negative enter "0" _____
- Retirement pension, annuity benefits, IRA and deferred compensation distributions (**attach all 1099R's and W-2's**) _____
- Capital gains less capital losses (include nontaxable gain from sale of home)
Losses cannot exceed \$3,000 if single or married filing jointly or \$1,500 if married filing separately _____
- Alimony and other taxable income. Describe: _____
- Awards, prizes, lottery, bingo or gambling winnings _____
- Social Security, supplemental security income (SSI), railroad retirement benefits and RSDI benefits received by you, your spouse or minor children (**attach statements**) _____
- Child support and foster parent payments (**provide legal documentation**) _____
- Unemployment compensation and trade readjustment allowances (TRA) benefits _____
- Gifts of cash or goods received and all payments made on your behalf by relatives, friends and/or other individuals. (e.g. rent, taxes, utilities, medical expenses, tuition, etc.) _____
- Other nontaxable income. (e.g. inheritance or proceeds of a life insurance policy on the death of the insured excluding spouse.) Describe: _____
- Scholarships, grants, and G.I. Bill benefits (attach statements, including 1098T) _____
- Worker's Compensation, Veterans' disability compensation and/or pension benefits _____
- FIP and other MDHHS benefits (do not include food assistance) _____

Subtotal: add all lines above**LINE A** _____

* Other adjustments from your federal return. Do not include Net Operating Loss.
Describe: _____

* Medical insurance or HMO premiums you paid (attach statements) _____

Subtotal: add the 2 lines above.....**LINE B** _____

Total Household Resources: Subtract line B from line A..... _____

Does this total provide you with enough income to meet basic yearly living expenses such as rent or house payment, utility costs and food? If not, then you might be relying on support from other sources to meet your basic needs and those sources should be included in your total household resources. Review the items in the first section of the checklist for accuracy and then review any information you might add to the section below for possible additions to total household resources.

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- If you share your dwelling with others who helped pay rent, property taxes and/or other expenses, use the chart below to show their share of expenses. If you have amounts for items D (amount paid towards rent) and/or E (other expenses) below, include them in the section above as “gifts of cash or goods received and all payments made on your behalf by relatives, friends and/or other individuals”. Recalculate the checklist again to determine your new Total Household Resources.

A. Name (First, Middle Initial, Last)	B. Relationship to you	C. Number or months lived in your home	D. Amount paid towards rent (if any)	E. Amount paid towards other expenses (if any)

How did you meet those expenses that you did not have income to cover? (Loans, savings, credit cards, etc.)
 Submit supporting documentation. (1098T, loan statements, bank statements, etc.)
