

CHECKLIST FOR DETERMINING HOUSEHOLD INCOME

For the items below, enter the total amounts for the **year**, not the monthly amounts. Include both taxable and nontaxable income *including support provided by others*. View [Taxable Income FAQ/Chart](#) for more information.

- Wages, salaries, tips, sick, strike or Sub pay (**attach copies of all W-2's**)..... _____
- All interest and dividend income (including nontaxable interest income)..... _____
- Business, farm, rental and royalty income or loss _____
- Capital gains less capital losses (include nontaxable gain from sale of home - [Tax Information for Home Buyers and Sellers](#))..... _____
- Retirement pension, annuity benefits, IRA and deferred compensation distributions (**attach all 1099R's and W-2's**)..... _____
- Unemployment compensation and trade readjustment allowances (TRA) benefits..... _____
- Social Security, supplemental security income (SSI), railroad retirement benefits and RSDI benefits received by you, your spouse or minor children (**attach statements**)..... _____
- Awards, prizes, lottery, bingo or gambling winnings..... _____
- Alimony received..... _____
- Other taxable income reported on your federal 1040..... _____
- Worker's Compensation, Veterans' disability compensation pension benefits..... _____
- Child support received..... _____
- FIP and other DHS benefits (other than food stamps) received..... _____
- Scholarships, grants, and G.I. Bill benefits (**attach statements, including 1098T**)..... _____
- Payments received for care of foster children (**provide legal documentation**)..... _____
- All payments made on your behalf by relatives or friends or other individuals living in the home (e.g. rent, taxes, utilities, medical expenses, tuition, etc.), **gifts of cash** or goods received..... _____
- Other nontaxable income. (e.g. inheritance or proceeds of a life insurance policy on the death of the insured excluding spouse.) Describe: _____

Subtotal: add all lines aboveLINE A _____

* Other adjustments from your federal return. Describe: _____

* Medical insurance or HMO premiums you paid (**check premium statements or year end pay stubs**).... _____

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

Household income: 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 household income. 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 household income.

CHECKLIST FOR DETERMINING HOUSEHOLD INCOME (page 2)

- If you share your dwelling with others who helped pay the rent, property taxes and/or expenses, use the chart below to determine 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 at the line with the arrow. Recalculate the checklist again to determine your new Household income amount.

A. Name (First, Initial, Last)	B. Relationship to you	C. No. of months lived in your home	* D. Amount paid towards rent (if any)	* E. Other expenses

- How did you meet those expenses that you did not have income to cover? (Loans, savings, credit cards, etc.) Add those amounts to the first section above at the line with the arrow. Recalculate the checklist again to determine your new Household income amount.
- If you have expenses that you did not have income to cover please explain and remember to send any supporting documentation if you are sending a letter requesting Treasury to reconsider the amount of the Homestead Property Tax Credit or Home Heating Credit you received.