

# QUESTIONNAIRE OF INCOME & ASSETS



Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**1. DO YOU OR ANY HOUSEHOLD MEMBER HAVE ANY OF THE FOLLOWING?**

- Checking Accounts .....  Yes  No
- Savings Accounts .....  Yes  No
- Money Market Funds .....  Yes  No
- Trusts .....  Yes  No
- If Yes, Is Trust irrevocable* .....  Yes  No
- IRA-KEOGH or other company retirement accounts .....  Yes  No
- Stocks / Bonds .....  Yes  No
- Certificates of Deposit .....  Yes  No
- Equity in Rental Property or other Capital Investments .....  Yes  No
- Personal Property Held as an Investment .....  Yes  No
- Other Accounts .....  Yes  No
- Cash Held (Safety Deposit Boxes, etc.) .....  Yes  No
- Deferred Income (401K, etc.) .....  Yes  No
- Life Insurance Policy .....  Yes  No

**2. HAVE YOU OR ANY HOUSEHOLD MEMBER RECEIVED ANY LUMP SUM PAYMENTS?**

- Inheritances .....  Yes  No
- Lottery Winnings .....  Yes  No
- Insurance Settlements (Health, Accident, Workers Compensation) .....  Yes  No
- Capital Gains .....  Yes  No
- Social Security Back Payments .....  Yes  No
- Unemployment Back Payments .....  Yes  No
- Other (Please List) \_\_\_\_\_  Yes  No

**3. HAVE YOU OR ANY HOUSEHOLD MEMBER DISPOSED OF ANY ASSETS FOR LESS THAN FAIR-MARKET VALUE IN THE PAST TWO YEARS?** .....  Yes  No

**4. DO YOU HAVE ANY ASSETS HELD JOINTLY WITH ANOTHER PERSON?** .....  Yes  No

**5. DOES ANYONE IN YOUR HOUSEHOLD RECEIVE ANY OF THE FOLLOWING TYPES OF INCOME?**

- Retirement Funds .....  Yes  No
- Pension .....  Yes  No
- Annuities .....  Yes  No
- Disability or Death Benefits .....  Yes  No
- Social Security Benefits .....  Yes  No
- SSI .....  Yes  No
- SSD .....  Yes  No
- Public Assistance Cash Grant .....  Yes  No
- Child Support .....  Yes  No
- Maintenance-Alimony .....  Yes  No
- Unemployment Benefits .....  Yes  No
- Wages From Employment .....  Yes  No
- Workman's Compensation .....  Yes  No
- Other (Please List) \_\_\_\_\_  Yes  No

6. **DO YOU RECEIVE MONETARY GIFTS OR NON-CASH CONTRIBUTIONS FROM PERSONS OUTSIDE YOUR HOUSEHOLD?**

- Utilities.....  Yes  No
- Groceries.....  Yes  No
- Clothing.....  Yes  No
- Miscellaneous Household Supplies.....  Yes  No
- Other (Please List) \_\_\_\_\_  Yes  No

7. **ARE ANY HOUSEHOLD MEMBERS TEMPORARILY ABSENT?**.....  Yes  No

8. **ARE ANY HOUSEHOLD MEMBERS PERMANENTLY ABSENT?**.....  Yes  No

9. **ARE YOU RECEIVING OR WILL YOU RECEIVE IN THE FUTURE ANY EARNED INCOME TAX CREDITS FROM IRS TAX RETURNS?**.....  Yes  No

10. **DO YOU HAVE CHILD CARE EXPENSES THAT ENABLE YOU TO WORK OR CONTINUE YOUR EDUCATION?**.....  Yes  No

**I/WE CERTIFY THAT THE INFORMATION PROVIDED TO THE TOWN OF UNION IN THIS QUESTIONNAIRE REGARDING INCOME, ASSETS, ALLOWANCES, AND DEDUCTIONS IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. I/WE ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF MY APPLICATION AND MAY ALSO RESULT IN CRIMINAL CHARGES BEING FILED AGAINST ME/US.**

\_\_\_\_\_  
**Head of Household**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse / Co-Head**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Town of Union Representative**

\_\_\_\_\_  
**Date**