



# Ambercare Foundation

## Finding Ways to Provide Healthcare at Home

### INCOME WORKSHEET

Please write down any money you AND anyone else in your household receives.

\_\_\_\_\_ Weekly      \_\_\_\_\_ Bi-Weekly      \_\_\_\_\_ Semi-Monthly      \_\_\_\_\_ Monthly      \_\_\_\_\_ Annually      \$ \_\_\_\_\_

Working at a job or business {before taxes}

STAFF: Copies of income documentation must be kept in applicant(s) file.

\_\_\_\_\_ Prior month's pay/check stub(s) (valid 1 year) \$ \_\_\_\_\_  
\_\_\_\_\_ Letter from employer (valid 3 months)  
\_\_\_\_\_ Prior year tax return (valid 1 year)  
\_\_\_\_\_ Income Affidavit (see form)  
\_\_\_\_\_ Other

Any other sources: \$ \_\_\_\_\_

Individuals in household supported by this income: # \_\_\_\_\_

I certify that I have told the truth about ALL sources of my family's income. To the best of my knowledge, I have not given false or withheld information. I understand that if I do, I may be taken off the program or be made to pay back the benefits I receive.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Use:

Weekly	MULTIPLY BY 52	\$ _____
Bi-Weekly	MULTIPLY BY 26	\$ _____
Semi-Monthly	MULTIPLY BY 24	\$ _____
Monthly	MULTIPLY BY 12	\$ _____
Annually	MULTIPLY BY 1	\$ _____

I have seen this document and witness the applicant signature

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_