



Place patient label here

ANNUAL INCOME WORKSHEET

Please write down any money you **AND** anybody else in your family or household received.
Check the appropriate box for how often the amount is received (e.g., weekly, monthly, annually, etc.).

Salaries, wages, tips - (include seasonal and part- time work/labor)	\$	Weekly ☐ Bi-Weekly ☐ Monthly ☐ Annually ☐
Unemployment compensation	\$	Weekly ☐ Bi-Weekly ☐ Monthly ☐ Annually ☐
Social Security, Social Security Disability Income (SSDI) - (does NOT include Supplemental Security	\$	Weekly ☐ Bi-Weekly ☐ Monthly ☐ Annually ☐
Retirement, pension, investment income	\$	Weekly ☐ Bi-Weekly ☐ Monthly ☐ Annually ☐
Alimony - (does NOT include child support)	\$	Weekly ☐ Bi-Weekly ☐ Monthly ☐ Annually ☐
Other	\$	Weekly ☐ Bi-Weekly ☐ Monthly ☐ Annually ☐

Number of people in the household that are supported by this income:

#

I have told the truth about **ALL** sources of my family's income. To the best of my knowledge, I have not given false information nor withheld information.

Client's Printed Name: _____ **Client Signature:** _____ **Date:** _____

STAFF USE ONLY

Income information collected by self-declaration unless indicated below:

Income verified by: Check stub ☐ Letter from employer ☐ Bank Statement ☐ Other ☐

Weekly Total \$ _____ MULTIPLY BY 52 = Annual Total \$ _____

Bi-Weekly Total \$ _____ MULTIPLY BY 26 = Annual Total \$ _____

Monthly Total \$ _____ MULTIPLY BY 12 = Annual Total \$ _____

Annual Total \$ _____ MULTIPLY BY 1 = Annual Total \$ _____

Client is at _____ **% Pay**

Grand Annual Total \$ _____

I have seen this document and witnessed the client's signature.

STAFF SIGNATURE & TITLE: _____

Date: ____ / ____ / ____



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ANNUAL INCOME WORKSHEET

Por favor, anote cualquier dinero que usted **Y** todo en su familia o casa recibió.
Marque la casilla apropiada para determinar la frecuencia con la cantidad recibida (por ejemplo, semanalmente, mensualmente, anualmente, etc.).

Sueldos, salarios, propinas - (incluyendo de un trabajo de temporada o por medio tiempo)	\$	☐	☐	☐	☐
		Semanalmente	Cada dos Semana	Mensualmente	Anualmente
Beneficios de desempleo	\$	☐	☐	☐	☐
		Semanalmente	Cada dos Semana	Mensualmente	Anualmente
La Seguro Social, Ingresos por Incapacidad de la Seguro Social - (no incluye el ingreso suplementario de seguridad [SSI])	\$	☐	☐	☐	☐
		Semanalmente	Cada dos Semana	Mensualmente	Anualmente
Jubilación, pensiones o rentas de la inversión	\$	☐	☐	☐	☐
		Semanalmente	Cada dos Semana	Mensualmente	Anualmente
Pensión alimenticia - (no incluye manutención infantil)	\$	☐	☐	☐	☐
		Semanalmente	Cada dos Semana	Mensualmente	Anualmente
Otras	\$	☐	☐	☐	☐
		Semanalmente	Cada dos Semana	Mensualmente	Anualmente

Número de personas en la casa que están soportadas por este ingreso: #

He dicho la verdad acerca de TODAS las fuentes de ingresos de mi familia. Al mejor de mi conocimiento, no he dado información falsa ni ocultado información.

Nombre de cliente: _____ **Firma de Cliente:** _____ **Fecha:** _____

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Monthly Total \$ _____ MULTIPLY BY 12 = Annual Total \$ _____

Annual Total \$ _____ MULTIPLY BY 1 = Annual Total \$ _____

Client is at _____ **% Pay**

Grand Annual Total \$ _____

I have seen this document and witnessed the client's signature.

STAFF SIGNATURE & TITLE: _____

Date: ____ / ____ / ____

Revised 12/24