



**Senior Employment Program (SEP)  
Family Income Worksheet**



Original Enrollment  
 Reenrollment

Recertification

Applicant/Enrollee: \_\_\_\_\_ Date: \_\_\_\_\_

**Includable Income**

Income sources for all family members	Current month	Month -1	Month -2	Month -3	Month -4	Month -5	Month -6*	Total
Month								
Wages								
Self-Employment								
Social Security benefit amount: _____ X 75%								
Survivor benefits (except VA)								
Pension/retirement								
Interest/Dividends								
Rents/royalties/trust								
Education assistance								
Alimony								
Other								
Other								
Total includable income (multiply X 2)								

Listed as dependant on someone elses taxes.

X2

<b>Number in family (see 1040 or third party attestation)</b>		<b>Family Income</b>	
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**Excludable Income**

SSI/SSDI								
TANF/Public Assistance								
Food Stamps								
Housing Assistance								
Disability Income								
Workers' Compensation								
25% of Social Security								
Veterans' payments (from VA not DoD--survivors too)								
Unemployment								
First \$2,000 of NA per capita								
Child Support								
Other (please explain) for example: one time income from lotttery or sale of house or car, tax refunds, gifts								

The information above is true and correct to the best of my knowledge. I have disclosed all of my family income and it is all included in this accounting. If any part of this information is found to be incorrect or incomplete, I am fully aware that it could result in my immediate dismissal from SEP. I agree that I will promptly report any change in my income or family size to the Host Agency staff who will notify the NCNMEDD-NMAAA SEP staff.

Applicant/Enrollee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Host Agency Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_

**→ Attach copies of all documents used to verify income and assistance ←**

\* Income may be figured on 6 months annualized or 12 months, whichever benefits the enrollee.