SSI Income/Resource Worksheet

(If the income/resource does not apply, write N/A)

Name:

DOB: **SSN:**

Application date:

Income	
Type	**Date Submitted**
Earned	
Wage stubs	
Tax return	
Unearned	
Benefit letter	
Court orders	
Alimony/child support receipts	
Bank statements (interest)	
Dividends/royalties	
Rental/lease income	
Resources	
Type	**Date Submitted**
Vehicles owned*	
Houses owned**	
Other property owned	
Life insurance policies	
Bank statements	
Investment statements	
Savings statements	
Burial expense set-aside	
Cemetery lot, crypt, etc.	

** One automobile is fully excluded from resources if it is used for transportation of the individual or a member of the individual's family. Applicants do not need to document that the vehicle will be used for certain specified purposes (e.g., medical treatment or essential daily activities).*

*** A house that a person owns is excluded if the individual lives in it.*