



**4. I checked "No" in section 3, so I am providing the following financial information:**

In **4a**, check "Yes" if you have applied for at least 1 of the benefits listed in section 3.

a. I have applied for 1 or more of the benefits listed in section 3:

- Yes     No

In **4b**, check the box for each type of money you have received in the past month. Also enter the gross (before taxes) amount for each type.

Include the money received by the people you support who live with you. Support means that the people rely on you financially.

b. I receive the following money each month. This includes money received by people I support who live with me. (check all that apply)

- My employment: \$ \_\_\_\_\_     Other people's employment: \$ \_\_\_\_\_  
 Child support: \$ \_\_\_\_\_     Social Security (not SSI): \$ \_\_\_\_\_  
 Pension: \$ \_\_\_\_\_     Unemployment: \$ \_\_\_\_\_  
 Other (list type and amount): \_\_\_\_\_ \$ \_\_\_\_\_  
 No income

Total of all money received: \$ \_\_\_\_\_

In **4c**, check the box for each type of money you have received in the past 12 months. For each type, enter the total amount received in the past 12 months before taxes.

Include the money received by the people you support who live with you.

c. I received the following total amount of money in the past 12 months. This includes money received by people I support who live with me. (check all that apply)

- My employment: \$ \_\_\_\_\_     Other people's employment: \$ \_\_\_\_\_  
 Child support: \$ \_\_\_\_\_     Social Security (not SSI): \$ \_\_\_\_\_  
 Pension: \$ \_\_\_\_\_     Unemployment: \$ \_\_\_\_\_  
 Other (list type and amount): \_\_\_\_\_ \$ \_\_\_\_\_  
 No income

Total of all money received: \$ \_\_\_\_\_

In **4d**, check all of your expenses for the past month and list the monthly amounts.

Include the expenses of the people you support who live with you.

d. My current monthly expenses are listed below. This includes the monthly expenses of the people I support who live with me. (check all that apply)

- Rent: \$ \_\_\_\_\_ per month  
 Home Mortgage: \$ \_\_\_\_\_ per month  
 Other Mortgage: \$ \_\_\_\_\_ per month  
 Utilities: \$ \_\_\_\_\_ per month  
 Food: \$ \_\_\_\_\_ per month  
 Medical: \$ \_\_\_\_\_ per month  
 Car Loan: \$ \_\_\_\_\_ per month  
 Other (list type and amount): \_\_\_\_\_ \$ \_\_\_\_\_ per month  
 I have no expenses

Total of all expenses: \$ \_\_\_\_\_

In **4e**, check all of the items owned by you and list the value of each item. Include the items owned by the people you support who live with you.

If you own real estate, include the total you owe on any mortgage.

e. I have the belongings listed below. This includes the belongings of the people I support who live with me. *(check all that apply)*

Bank accounts and cash totaling: \$ \_\_\_\_\_

Home real estate, worth: \$ \_\_\_\_\_

The total I owe on my home mortgage is: \$ \_\_\_\_\_

Other real estate, not including the house I live in, worth: \$ \_\_\_\_\_

The total I owe on my other mortgage is: \$ \_\_\_\_\_

1<sup>st</sup> vehicle worth: \$ \_\_\_\_\_ The 1<sup>st</sup> vehicle is paid off:  Yes  No

2<sup>nd</sup> vehicle worth: \$ \_\_\_\_\_ The 2<sup>nd</sup> vehicle is paid off:  Yes  No

Other *(list items and value)*: \_\_\_\_\_ \$ \_\_\_\_\_

None of the above

**I certify that everything above is true and correct to the best of my knowledge.**

**I understand that making a false statement in this form could be perjury.**

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

The person who filled out this form must sign it.

Enter the complete current address and telephone number of the person who filled out this form.

If you are filling out this form for a minor or an incompetent adult, state your relationship.

\_\_\_\_\_  
*Your Signature*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Print Your Current Name*

\_\_\_\_\_  
*City, State, ZIP*

\_\_\_\_\_  
*Relationship to Minor or Incompetent Adult (if applicable)*

\_\_\_\_\_  
*Telephone*