



Benefits Intake Form

THE SENIOR SOURCE

Name _____
First Middle Last

Complete Address: _____
(No PO Boxes, please) Street # Street Name Apt. # City State Zip

Home Phone #: _____ Cell Phone #: _____ Date of Birth: _____

Email: _____ Social Security #: _____

Gender: Female ___ Male ___ Race: _____ Marital Status: _____ Veteran: Yes ___ No ___

Income

<i>Income Source</i>	<i>Monthly Household Income</i>		
	<i>Self</i>	<i>Spouse</i>	<i>Dependents</i>
<i>Gross income (before taxes & deductions)</i>			
Social Security Benefit	\$	\$	\$
Social Security Disability (SSDI)	\$	\$	\$
Supplemental Security Income (SSI)	\$	\$	\$
Veterans Assistance (any & all types)	\$	\$	\$
Pension	\$	\$	\$
Investments (IRA, Savings, Annuity, etc.)	\$	\$	\$
Rental Property	\$	\$	\$
Wages	\$	\$	\$
Other	\$	\$	\$
Total Gross Monthly Income	\$		

Rent/Mortgage	\$	Car Payment	\$	Medications	\$
Cable & Internet	\$	Car Insurance	\$	Medical Expenses	\$
Phone	\$	Gasoline	\$	Dental Expenses	\$
Gas (utility)	\$	Credit Cards/Loans	\$	Life Insurance	\$
Electric	\$	Household Goods	\$	Health Insurance	\$
Water	\$	Food	\$	Home Insurance	\$
Child Support	\$	Other	\$		

Monthly Household Expenses (approximate amounts)



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