

Disability Low Income Worksheet (Renewal Application)

WORKSHEET TO CALCULATE INCOME FOR QUESTION #8 ON APPLICATION

SOURCES OF INCOME OF OWNER	AMOUNT
Social Security - Applicant <i>(A copy of SSA - 1099 for 2022)</i>	
Salary or Wages <i>(W-2's, 1099's self-employment)</i>	
Taxable and Non -Taxable Interest <i>(ALL 1099's - INT & year-end statements for non-taxable interest)</i>	
Taxable and Non -Taxable Dividends <i>(ALL 1099's - DIV & year-end statements for non-taxable dividends)</i>	
Alimony and/or Child Support Payments	
Business Income <i>(Schedule C, S-Corp Tax Return with K-1 or Partnership return)</i>	
Capital Gains <i>(Include tax deferred capital gains distributions statements)</i>	
IRA Earnings From ALL IRA's <i>(ALL pages of the year-end statement 1/1/22 – 12/31/22)</i>	
Pension/Annuity/Retirement Plans <i>(1099R Statements, including non-taxable Pensions)</i>	
Rental Income <i>(Received from ALL properties)</i>	
Unemployment	
Disability/Worker's Compensation	
Income from Estates or Trusts <i>(Estate or Trust Tax Return)</i>	
Money contributed by others living in the house towards maintenance, support or expenses	
VA and/or VA Disability Pension <i>(Award letter)</i>	
Other sources of income	
TOTAL INCOME OWNER	\$

SOURCES OF INCOME OF SPOUSE	AMOUNT
Social Security - Spouse <i>(A copy of SSA - 1099 for 2022)</i>	
Salary or Wages <i>(W-2's, 1099's self-employment)</i>	
Taxable and Non -Taxable Interest <i>(ALL 1099's - INT & year-end statements for non-taxable interest)</i>	
Taxable and Non -Taxable Dividends <i>(ALL 1099's - DIV & year-end statements for non-taxable dividends)</i>	
Alimony and/or Child Support Payments	
Business Income <i>(Schedule C, S-Corp Tax Return with K-1 or Partnership return)</i>	
Capital Gains <i>(Include tax deferred capital gains distributions statements)</i>	
IRA Earnings From ALL IRA's <i>(ALL pages of the year-end statement 1/1/22 – 12/31/22)</i>	
Pension/Annuity/Retirement Plans <i>(1099R Statements, including non-taxable Pensions)</i>	
Rental Income <i>(Received from ALL properties)</i>	
Unemployment	
Disability/Worker's Compensation	
Income from Estates or Trusts <i>(Estate or Trust Tax Return)</i>	
Money contributed by others living in the house towards maintenance, support or expenses	
VA and/or VA Disability Pension <i>(Award letter)</i>	
Other sources of income	
TOTAL INCOME SPOUSE	\$
TOTAL INCOME OWNER AND SPOUSE	\$

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WORKSHEET TO CALCULATE UN-REIMBURSED MEDICAL EXPENSES – QUESTION 10

PLEASE CHECK BOX AND SUBMIT COPIES OF PAYMENTS	AMOUNT
<input type="checkbox"/> Medicare	
<input type="checkbox"/> Health insurance <i>(A letter from the insurance company stating amount paid for 2022*)</i> .	
<input type="checkbox"/> Medical Expenses <i>(Printout from the Doctors for the year*)</i>	
<input type="checkbox"/> Prescription Drugs <i>(Printouts from pharmacies for the year, 1/1/22 – 12/31/22. ALL pages*)</i>	
<input type="checkbox"/> Prescription eyeglasses <i>(Receipts showing amount paid*)</i>	
<input type="checkbox"/> Dental Expenses <i>(A statement showing date, work done and amount paid*)</i>	
<input type="checkbox"/> Letter from residential health care facility stating date of admission, date of discharge and un-reimbursed expenses for owner’s care	
QUESTION 8a TOTAL UN-REIMBURSED MEDICAL EXPENSES	\$

*Receipts for ALL unreimbursed medical expenses, must include patients name, medical service provided, date of service, amount paid and date paid. CANCELLED CHECKS WILL NOT BE ACCEPTED AS PROOF

***INCOME FOR 2022 MUST BE LESS THAN \$37,400 (THIS INCLUDES ALL INCOME, BOTH TAXABLE AND NON-TAXABLE).**

***THE ORIGINAL COMPLETED AND SIGNED APPLICATION WITH ALL SUPPORTING DOCUMENTATION MUST BE RETURNED TO THE ASSESSOR’S OFFICE NO LATER THAN MARCH 1, 2023.**

***AN INCOMPLETE APPLICATION IS GROUNDS FOR DENIAL.**