

Early Intervention – Statement of Annual Income

Applicant's Information

Name (First, Middle Initial, Last)	Street Address
City/State/Zip	Home Telephone

Child's Information

Name (First, Middle Initial, Last)	Date of Birth
Name of Early Intervention Program	

Income Information

List all income (gross income – before taxes and deductions) your family receives on an annual basis.

Type of Income	Name(s) of Family Member(s) Receiving Income	Annual Income Amount
Employment		
<i>Employer:</i>		
Employment		
<i>Employer:</i>		
Alimony		
Annuities / Insurance		
Child Support		
Dividends		
EAEDC		
Interest		
Money from absent family member		
Pension / Retirement		
Rent / Royalties		
Social Security		
TAFDC		
Trust / Estates		
Unemployment		
Veterans' Benefits		
Workers' Comp.		
Other Income (specify)		

I hereby affirm, under the pains and penalties of perjury, that the information I have provided is accurate and complete, to the best of my knowledge.

Applicant's Name:

Signature

Print Full Name

Date

EI Program Staff Only: Once completed, please fax to Rob Seymour @ 617-624-5927.