Disabled Accessible Affordable Homeownership Program
Determination of Gross Annual Family Income

(This form is used to determine both eligibility for the Program and the potential mortgage rate to be offered.)

Applicant (s) Name ________________________________ **Applicant SSN** ________________________

Applicant (s) Address____

Application Date ___________

Gross Annual Family Income-Complete Items as Applicable:

Item	Amount
1. Federal Income Tax Return (Wages, Salary, Interest, Dividends)	
2. Verification of Wages (W-2's, Pay Stub, Letter from Employer)	
3. Supplemental Security Income (SSI)	
4. Social Security Disability Insurance (SSDI)	
5. Other Income (please specify)	
A. Total Gross Annual Family Income	0

Annual Allowed Non-Reimbursed, On-Going Medical/Vocational/Indepenent Living Expenses Attendant to Disability; To Exlude From Above Income:

Item	Amount
1. Hospital In-patient Care, Rehabilitation Center	
2. Out-patient Care including: Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (ST), Out-patient Surgery	
3. Professional Services including: Physicians, Physicians Assistants, Nurse Practioners, Chiropractors	
4. Prescription Drugs/Dietary Supplements/Other Necessary Over-the-Counter Medications	
5. Consumable Medical Supplies	
6. Home Health Services including: PT, OT, ST, Skilled Nursing Care, Hospice Services, Personal Care Assistance	
7. Wellness and Health Maintenance Programs	
8. Health Insurance Premiums	
9. Durable Medical Equipment (including Prosthesis and Orthotics) Payments	
10. Work-related Transportation	
11. Personal Assistance Services including: Readers, Drivers,	
12. Assistive Technology Services	
13. Payments on Assistive Technology Devices and Work-related Environmental Modifications	
14. Payments on Vocational Expenses	
15. Other (please specify)	
B. Total Annual Allowed Expenses to Exclude From Total Gross Annual Family Income	0

	A.- B.
Total Gross Annual Family Income After Allowed Non-reimbursed, On-going Medical/Vocational/Independent Livings Expenses Attendant to Disability (= A.- B.)	0