



ADDITIONAL HOUSEHOLD FORM



Applicant Name: _____

Case Number: LIHEAP23- _____

ADDITIONAL HOUSEHOLD MEMBERS

Last Name	First Name	Relationship to Applicant	Date of Birth	*Race	US Citizen or **Qualified Non-Citizen

*Race: Native Hawaiian or Other Pacific Islander, Asian, Black or African American, White, American Indian or Alaska Native or Other
 **Qualified Non-Citizen include lawful permanent residents, asylees, refugees, and certain individuals with parole status.

ADDITIONAL HOUSEHOLD INCOME

Table A

Full Name	2022 or 2023 Tax Form (1040, 1040-X, 1040-SR)	Adjusted Gross Income Amount
		\$
		\$
		\$
		\$
		\$
		\$
	SUB TOTAL	\$
	TOTAL	\$

Table B

Full Name	Type of Income (wages, self-employed, retirement, social security benefits, etc.)	Adjusted Gross Monthly Income
		\$
		\$
		\$
		\$
		\$
		\$
	SUB TOTAL	\$
	TOTAL	\$