

Complete the following information about family members who work. / <i>Termine lo siguiente de su familia.</i>		Weekly Work Schedule / <i>Horario</i>	
Name of Person Working <i>Nombre de persona trabajando</i>	Rate of Pay / <i>Cantidad de pago</i>		From / <i>De</i>
			To / <i>A</i>
Name and Address of Employer <i>Empleado y domicilio</i>	\$ _____ per hour / <i>por hora</i>	Monday <i>Lunes</i>	
	_____ other / <i>Otra</i>	Tuesday <i>Martes</i>	
Phone No / <i>Telefono</i>	Frequency (please circle) <i>Frecuencia (círculo por favor)</i> Weekly / <i>Semanal</i> Monthly / <i>Mensual</i> Bi-weekly / <i>Cada dos semanas</i> Semi-Monthly / <i>Dos veces por mes</i>	Wednesday <i>Miércoles</i>	
		Thursday <i>Jueves</i>	
		Friday <i>Viernes</i>	
		Saturday <i>Sábado</i>	
		Sunday <i>Domingo</i>	

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			Wednesday <i>Miércoles</i>	
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Please circle yes or no to indicate if this income is received by anyone in your family. If yes, please state the case number, amount received and the name of person receiving income. *Favor de marcar si este ingreso es recibido en su familia y indique el numero del caso y cantidad recibida.*

Type of Unearned Income / <i>Tipo de ingreso</i>	Please Circle / <i>Circule uno</i>	Case Number / <i>Numero de Caso</i>	Amount / <i>Cantidad</i>	Name of Person Receiving Income / <i>Nombre de persona recibiendo la cantidad</i>
CHILD SUPPORT	YES / <u>SI</u> NO		\$	
ALIMONY	YES / <u>SI</u> NO		\$	
WAGES ASSISTANCE	YES / <u>SI</u> NO		\$	
VETERANS BENEFITS	YES / <u>SI</u> NO		\$	
RETIREMENT BENEFITS	YES / <u>SI</u> NO		\$	
SOCIAL SECURITY	YES / <u>SI</u> NO		\$	
SSI	YES / <u>SI</u> NO		\$	
UNEMPLOYMENT BENEFIT	YES / <u>SI</u> NO		\$	
WORKER'S COMPENSATION	YES / <u>SI</u> NO		\$	
FOOD STAMPS	YES / <u>SI</u> NO		\$	
INTEREST/DIVIDENDS	YES / <u>SI</u> NO		\$	
HOUSING ASSISTANCE	YES / <u>SI</u> NO		\$	
AFDC	YES / <u>SI</u> NO		\$	
OTHER INCOME (specify)	YES / <u>SI</u> NO		\$	

I certify that the information I have given is true and correct. *Certifico que la información que he dado es verdadera y correcta.*

Signature of Client / *Firma de Cliente* _____

Date / *Fecha* ____/____/____

<p>Charlotte Office 3028 Caring Way, Suite 4 Port Charlotte, FL 33952 Phone: 941 255-1650 Fax: 941 255-5856 Toll-Free: 866-639-4979</p>	<p>DeSoto Office 4 West Oak Street, Suite H Arcadia, FL 34266 Phone: 863 494-5233 Fax: 863 494-5291 Toll Free: 866-639-4979</p>	<p>Hardee Office 324 N. 6th Avenue Wauchula, FL 33873 Phone: 863-767-1002 Fax: 863-767-1007 Toll Free: 866-639-4979</p>	<p>Highlands Office 209 N. Ridgewood Drive Sebring, FL 33870 Phone: 863-314-9213 Fax: 863-314-4480 Toll-Free: 866-639-4979</p>
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