

Section C: Gross household income worksheet

This worksheet must be completed to determine your gross household income for Section B on Page 1.

Report all income received by members of the household, including any earnings related to OP&F service retirement or disability benefits, and any other income that is reportable according to the Internal Revenue Service. If you are a surviving spouse, you do not need to include your deceased spouse's income.

Gross household income	Benefit recipient / survivor	Spouse	Dependents
OP&F income Including disability benefits, Death Benefit Fund, annuities and statutory survivor benefits	\$	\$	\$
Job-related income	\$	\$	\$
Child support	\$	\$	\$
Spousal support	\$	\$	\$
Unemployment	\$	\$	\$
Social Security	\$	\$	\$
Welfare assistance	\$	\$	\$
Workers' compensation	\$	\$	\$
Investment income Sales of stock, real estate or other assets, dividends, cash, etc.	\$	\$	\$
Other income	\$	\$	\$
TOTALS:	\$	\$	\$

Add the benefit recipient, spouse and dependent columns for
Total gross household income

\$

Section D: Signature and acknowledgement

I, the person described in Section A of this *Low-Income Stipend Increase Application*, certify that all information provided by me is true and complete and that no information has been omitted. I agree that OP&F is entitled to recover all losses incurred resulting from the foregoing representation being incorrect or incomplete. I further agree that any misstatement, misrepresentation or omission may impact my ability to participate in the Low-Income Stipend Increase Program.

Member Signature:

Date of signature:

Section E: Notary public requirement

The notary public in good standing must sign in the space provided in this section and affix their seal.

State of _____, County of _____, ss:

The foregoing *Low-Income Stipend Increase Application* was acknowledged before me by the person named in the foregoing Section A, this _____ day of _____, 20_____.

Affix Seal here

Notary's signature:

Print name:

My commission expires: