



State of Utah  
Department of Workforce Services  
**INDEPENDENT LIVING / ASSISTIVE TECHNOLOGY PROGRAM**  
**CONFIDENTIAL REPORT OF FINANCIAL CIRCUMSTANCES**

In order for you and your IL Coordinator to determine financial need for the services outlined in your Independent Living Plan, the following financial information is required. (Note: Minors living with parent(s) must include the parent(s) income. Married applicants must include the income of their spouse.) Tax forms, check stubs, retirement documents, and other forms of verification may be required.

\_\_\_\_\_  
Full name Last 4 digits of SSN Age

I choose not to complete the financial disclosure form. In doing so, I understand that I will **not** be eligible to receive paid Independent Living assistive technology services.

Family Size ..... \_\_\_\_\_  
Include all household members included as dependents on federal tax forms. (If you don't file federal taxes, include all household members who could be included as dependents if you did file.)  
Number of dependents 18 years or older: \_\_\_\_\_ Number of minor dependents: \_\_\_\_\_

**Monthly Income**

1. **Monthly Supplemental Security Income (SSI)** ..... \_\_\_\_\_

2. **Monthly Gross Earned Income**  
Your own ..... \_\_\_\_\_ Parent(s) (if a minor) ... \_\_\_\_\_  
Income of spouse ..... \_\_\_\_\_  
**Total Monthly Earned Income** \_\_\_\_\_

3. **Allowable Deductions from Monthly Earned Income**  
State and Federal Tax ... \_\_\_\_\_ FICA ..... \_\_\_\_\_  
Retirement you pay ..... \_\_\_\_\_  
**Adjusted Gross Monthly Income** \_\_\_\_\_

4. **Additional Monthly Income**  
Alimony and Child Support ..... \_\_\_\_\_  
Veterans Pension ..... \_\_\_\_\_  
Interest or Dividend Income ..... \_\_\_\_\_  
Social Security Retirement ..... \_\_\_\_\_  
Workers Compensation ..... \_\_\_\_\_  
Social Security Disability Insurance (SSDI) ..... \_\_\_\_\_  
Other Compensation ..... \_\_\_\_\_  
**Total Additional Monthly Income** \_\_\_\_\_

**5. Total Monthly Non-exempt Income** \_\_\_\_\_

6. **Liquid Assets** (include all liquid assets unless in a qualified retirement account)  
Savings Account ..... \_\_\_\_\_ Other Liquid Assets .... \_\_\_\_\_  
**Total Liquid Assets** \_\_\_\_\_

Do you anticipate any significant changes in your financial circumstances within the next year? .....  Yes  No

If Yes, list the source: \_\_\_\_\_ Monthly amount: \_\_\_\_\_

**Allowable *Monthly* Expenses You Pay**

**Monthly** court ordered support payments i.e. alimony or child support for children **not** counted as family members on the front of this form (fines, restitution, and other non-support payments are not allowed) ..... \_\_\_\_\_

**Monthly** medical and dental expenses which are **not** reimbursed ..... \_\_\_\_\_

**Monthly** health insurance premiums (your portion) ..... \_\_\_\_\_

Other **monthly** disability related expenses which are **not** reimbursed.

    Personal assistance services ..... \_\_\_\_\_

    Disability related transportation expenses ..... \_\_\_\_\_

    Repairs to prosthetic appliances, mobility aids and adaptive equipment .... \_\_\_\_\_

**Monthly** cost of therapy ..... \_\_\_\_\_

**Monthly** cost of any disability related service for spouse or dependent ..... \_\_\_\_\_

Other **monthly** disability related expenses not included above:

\_\_\_\_\_

\_\_\_\_\_

**7. Total *Monthly* Allowable Expenses** \_\_\_\_\_

**I certify that the information contained in this form is true and correct to the best of my knowledge. Inaccurate or falsified information may be cause for denial of Independent Living paid services conditioned on financial need. I will immediately notify the Independent Living Center of any change(s) to my financial circumstances.**

\_\_\_\_\_  
Signature of Consumer/Representative

\_\_\_\_\_  
Date

***Equal Opportunity Employer/Program***

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.