

Furniture Bank Household Income Form

Client Name	
# of People in Household (should match page 3)	

Please enter the monthly amount next to each income source. The Annual Amount and totals will automatically calculate.

Income Source	Monthly Amount	Annual Amount
Earned Income		
Unemployment Insurance		
Supplemental Security Income (SSI)		
Supplemental Security Disability Income (SSDI)		
Veterans Disability Insurance		
Private Disability Insurance		
Worker's Compensation		
Temporary Assistance for Needy Families (TANF)		
General Assistance (GA)		
Social Security		
Veteran's Pension		
Job Pension		
Child Support		
Alimony or Spousal Support		
Other Source		
Total		

Clients referred under the Low Income with Life Challenge must be living at or below the Federal Poverty Guideline. These amounts change annually and can be found on the [Georgia Department of Community Health Website](#)