

9. Income of each owner and resident spouse of each owner for the calendar year immediately preceding date of application MUST be set forth. (Attach additional sheets if necessary; see instruction #9 for income to be included.)

Name of owner(s)	Source of income	Amount of income
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of resident spouse (s) if not owner of property	Source of income of spouse(s)	Amount of income of spouse(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subtotal income of owner(s) and spouse (s) \$ _____

10. Of the income specified in #9 how much, if any, was used to pay for an owner's care in a residential health care facility? (See instruction #10) (Attach proof of amount paid: enter zero if not applicable.) \$ _____

Subtotal income of owner(s) and spouse(s) [#9 minus #10] \$ _____

11. If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which the property is located (see instructions #11), complete the following:

- (a) Medical and prescription drug costs; \$ _____
- (b) Subtract amount of (a) paid or reimbursed by insurance: \$ _____
- (c) Unreimbursed amount of (a) (attach proof of expenses and reimbursement, if any; enter zero if option not available): \$ _____

Subtotal income of owner (s) and spouse (s) [#10 minus #11 (c)] \$ _____

12. If a deduction for veteran's disability compensation is authorized by any of the municipalities in which the property is located (see instruction #12), complete the following:
 Veteran's disability compensation received \$ _____
 (attach proof, enter zero if not applicable)

Total income of owner(s) and spouse(s) [11(c) minus 12] \$ _____