

SCRIE/DRIE Household Income Worksheet

(How to figure your household income)

Use the attached worksheet as a tool to determine your total annual household income for the calendar year immediately preceding the date you are filing this application. Complete the income section for each household member. If there are more than two additional household members living with you, provide the information on a separate sheet and attach to your application.

Before you begin, you should:

- Gather all income documents for yourself and each additional household member for the calendar year immediately preceding the date you are filing this application. For example, if you are filing your application in 2020, we require your 2019 income. You will need to report this income in lines 1-15 of the worksheet and provide documentation when you file your application.
- Enter the total amount received in the boxes provided for the corresponding income type on the income worksheet.

SOURCES OF INCOME:

Line 1 – Social Security Benefits (SSA)

Enter the total gross amount of any retirement or survivor's benefits received by you and all household members from the Social Security Administration. Refer to SSA Form 1099, IRS Form 1040. DO NOT include reimbursements under Medicare/Medicaid for medical expenses.

Line 2 – Social Security Disability Insurance (SSDI)

Enter Social Security Disability Income (SSDI) received by you and all household members. Refer to all benefit award letters for benefits received.

Line 3 – Supplemental Security Insurance (SSI)

Enter Supplemental Security Income (SSI) received by you and all household members. Refer to all benefit award letters for benefits received.

Line 4 – Veterans Affairs (VA) Disability Pension or Disability Compensation Benefits

Enter the total gross amount of all benefits for you and all household members who received VA benefits from the U.S. Department of Veterans Affairs. Submit copies of all benefit letters from the Department of Veterans Affairs indicating how much was received.

Line 5 – United States Postal Service (USPS) Disability Pension or Disability Compensation Benefits

Enter the total gross amount of all benefits for you and all household members who received USPS benefits from the U.S. Postal Service. Submit copies of all benefit letters from the U.S. Postal Service indicating how much was received.

Line 6 – Wages/Salaries/Tips

Enter the total amount of wages, salaries, and tips, received by you and all household members. Refer to W-2 box 1, 1099-MISC box 7, IRS Form 1040, NYS Form IT-201.

Line 7 – Pension

Enter the total amount of pension received by you and all household members.

Line 8 – Disability/Workers' Compensation Payments

Enter the total amount of Workers' Compensation received by you and all household members. Submit a copy of your award letter with your application.

Line 9 – Taxable & Non-Taxable Interest

Enter the total amount of all taxable and non-taxable interest received by you and all household members received. Refer to 1099-INT box 1, IRS Form 1040, NYS Form IT-201.

Line 10 – Public Assistance Cash Award

Enter the total gross amount of any cash assistance received by you and all household members. Submit copies of the budget letter with your application for all household members receiving cash assistance. SNAP/food stamps should not be included in your household income.

Line 11 – Business Income

Enter the net business income sources received by you and all household members. Refer to IRS Form 1040, NYS Form IT-201. Do not include a loss. Net business income is gross receipts minus expenses.

Line 12 – Capital Gains

Enter the total amount of any capital gains received by you and all household members. Refer to IRS Form 1040, NYS Form IT-201. DO NOT include a loss.

Line 13 – IRA Earnings

Enter the total amount of IRA earnings received by you and all household members. Attach a copy of your end of year earnings statement. DO NOT include total distribution amounts. DO NOT include any IRA rollovers or conversions.

Line 14 – Annuities Earnings

Enter the total amount of annuities earnings received by you and all household members. Attach a copy of your end of year earnings statement. DO NOT include the total distribution amounts.

Line 15 – All Other Income

Enter all other income received. Other income includes (but is not limited to) rental income, rent from boarders, income from estates or trusts, alimony, child support payments, gambling winnings, taxable and non taxable dividends, cancellation of debt and monetary support received from family/friends for rent.

Line 16 – Add lines 1 through 15 and enter the amount.

APPLICABLE DEDUCTIONS

Line 17 – Federal income taxes

(W-2 box 2 and Form 1099-federal income tax withheld box OR Form 1040)

Line 18 – State income taxes

(W-2 box 17 and Form 1099-state tax withheld box OR Form IT-201)

Line 19 – Local income taxes

(W-2 box 19; OR Form IT-201)

Line 20 – Social Security taxes

(W-2 box 4)

Line 21 – Add lines 17 through 20 and enter the amount.

TOTAL HOUSEHOLD INCOME

Line 22 – Subtract line 21 from line 16 and enter the amount.

SCRIE/DRIE Pre-Qualifying Income Worksheet

Sources of Income Received		Applicant	Household Member #1	Household Member #2	TOTALS
1	Social Security Benefits (SSA) <i>(SSA-1099 box 5, IRS Form 1040)</i>	\$	\$	\$	\$
2	Social Security Disability Insurance (SSDI) <i>(SSDI Benefit Statement)</i>	\$	\$	\$	\$
3	Supplemental Security Insurance (SSI) <i>(SSI Benefit Statement)</i>	\$	\$	\$	\$
4	Veterans Affairs (VA) Disability Pension or Disability Compensation Benefits <i>(Annual Benefit Statement)</i>	\$	\$	\$	\$
5	United States Postal Service (USPS) Disability Pension or Disability Compensation Benefits <i>(Annual Benefit Statement)</i>	\$	\$	\$	\$
6	Wages/Salaries/Tips <i>(W-2 box 1, 1099-MISC box 7, IRS Form 1040, NYS Form IT-201)</i>	\$	\$	\$	\$
7	Pension <i>(1099R box 1, total annual pension from pension statement, IRS Form 1040)</i>	\$	\$	\$	\$
8	Disability/Workers' Compensation Payments <i>(Attach award letter)</i>	\$	\$	\$	\$
9	Taxable & Non-Taxable Interest <i>(1099-INT box 1, IRS Form 1040)</i>	\$	\$	\$	\$
10	Public Assistance Cash Award <i>(PA Budget letter)</i>	\$	\$	\$	\$
11	Business Income <i>(IRS Form 1040—DO NOT include a loss, NYS Form IT-201)</i>	\$	\$	\$	\$
12	Capital Gains <i>(IRS Form 1040, NYS Form IT-201—DO NOT include a loss)</i>	\$	\$	\$	\$
13	IRA Earnings <i>(End of year earnings statement—DO NOT include the amount of your distribution)</i>	\$	\$	\$	\$
14	Annuities Earnings <i>(End of year earnings statement—DO NOT include the amount of your distribution)</i>	\$	\$	\$	\$
15	All Other Income <i>(refer to FAQ for a list of income sources)</i>	\$	\$	\$	\$
16	INCOME TOTAL (Add lines 1 through 15)	+ \$	\$	\$	\$
Applicable Deductions					
17	Federal income taxes <i>(W-2 box 2 and Form 1099-federal income tax withheld box OR Form 1040)</i>	\$	\$	\$	\$
18	State income taxes <i>(W-2 box 17 and Form 1099-state tax withheld box OR Form IT-201)</i>	\$	\$	\$	\$
19	Local income taxes <i>(W-2 box 19; OR Form IT-201)</i>	\$	\$	\$	\$
20	Social Security taxes <i>(W-2 box 4)</i>	\$	\$	\$	\$
21	DEDUCTION TOTAL (Add lines 17 through 20)	+ \$	\$	\$	\$
22	TOTAL INCOME (line 16 minus line 21)	- \$	\$	\$	\$

What is 1/3 of your monthly income?

Take total amount from line 22 : and divide (÷) that amount by 36 =	\$
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Is this amount more than the current rent you are paying? Yes No

**If YES, you MAY NOT be eligible. However, you may continue with the application.
If your application is denied, you may apply next year**