



GEORGIA HEIRS PROPERTY
LAW CENTER

Pro Bono and Sliding Fee Scale Income Worksheet

Head of Household: _____

Mailing Address: _____

City/State/Zip: _____

Please list all people related by birth, marriage, or adoption who are currently residing in the household.

| Name | Date of Birth | Relationship |
|------|---------------|--------------|
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Annual Household Income - Please include the income for every person residing in the household.

| Source | Self | Spouse | Other |
|------------------------------------------|------|--------|-------|
| Gross Wages, Salaries, Tips, etc. | | | |
| Income from Business or Self-Employment | | | |
| Social Security | | | |
| Supplemental Security Income (SSI) | | | |
| Social Security Disability Income (SSDI) | | | |

| | | | |
|-----------------------------------|--|--|--|
| General Assistance | | | |
| TANF | | | |
| Pension | | | |
| Retirement, 401(k), etc. | | | |
| Unemployment Benefits | | | |
| Veteran's Benefits | | | |
| Survivor's Benefits | | | |
| Annuity | | | |
| Worker's Compensation | | | |
| Child Support | | | |
| Alimony | | | |
| Assistance from Outside Household | | | |
| Other | | | |
| Other | | | |
| TOTAL AMOUNT | | | |

Do you receive means-based Social Security, Medicaid or Medicare benefits? Yes No

If yes, which: _____

I certify that the household size and income information shown above is true and correct and that, if the Center decides to accept my case, I will be required to provide proof of income.

Print Name

Date

Signature