Social Security Number: $\qquad$ Spouse's/CU Partner's Social Security Number: $\qquad$
Name:

## DETERMINING INCOME

See the instructions for information on possible sources of income and how to determine the amount to be reported in each category. If you had no income in a particular category, leave that line blank. Losses in one category of income cannot be used to reduce total income. If you have a net loss in any income category, leave that line blank. If you were married or in a civil union as of December 31 and living in the same household, combine your incomes for that year. If you lived in separate households, file as "single."

| INCOME CATEGORIES | 2018 | 2019 |
| :---: | :---: | :---: |
| a. Social Security Benefits (including Medicare Part B premiums) paid to or on behalf of applicant. Enter total amount from Box 5 of Form SSA-1099 or Form RRB-1099 |  |  |
| b. Pension and Retirement Benefits (including IRA and annuity income) See instructions for calculating amount. |  |  |
| c. Salaries, Wages, Bonuses, Commissions, and Fees |  |  |
| d. Unemployment Benefits . . . . . . . . . . . . . . . |  |  |
| e. Disability Benefits, whether public or private (including veterans' and black lung benefits). |  |  |
| f. Interest (taxable and exempt). . . . . . . . . . . . |  |  |
| g. Dividends . . . . . . . . . . . . . . . . . . . . . . . . . |  |  |
| h. Capital Gains . . . . . . . . . . . . . . . . . . . . . |  |  |
| i. Net Rental Income . . . . . . . . . . . . . . . . . . |  |  |
| j. Net Profits From Business . . . . . . . . . . . . . |  |  |
| k. Net Distributive Share of Partnership Income . |  |  |
| I. Net Pro Rata Share of S Corporation Income . |  |  |
| m. Support Payments . . . . . . . . . . . . . . . . . . |  |  |
| n. Inheritances, Bequests, and Death Benefits |  |  |
| o. Royalties . . . . . . . . . . . . . . . . . . . . . . . . . |  |  |
| p. Gambling and Lottery Winnings (including New Jersey Lottery) |  |  |
| q. All Other Income . . . . . . . . . . . . . . . . . . . . |  |  |
| Add lines a-q in each column. |  |  |
| Total annual income cannot $\rightarrow$ exceed amounts shown. | Was your total 2018 income $\$ 89,013$ or less? | Was your total 2019 income \$91,505 or less? <br> (See "Impact of State Budget" on page 1 of the instructions which explains how the State Budget may reduce the income limit.) |
|  | Yes. See 2019 income eligibility. No. STOP. You are not eligible for the reimbursement, and you should not file this application. | Yes. You met 2019 income limit. No. STOP. You are not eligible for the reimbursement, and you should not file this application. |

