

HEAD OF HOUSEHOLD WORKSHEET

20

MARITAL STATUS

SINGLE-YOU WERE NEVER MARRIED

SINGLE-SPOUCE DECEASED **DATE** **Copy of death cert. available**

SINGLE-DIVORCED **DATE** **Copy of decree available**

COURT ORDERED SEPARATION **DATE** **Copy of decree available**

MARRIED BUT LIVED APART FROM SPOUSE

- **DATES YOU LIVED WITH SPOUSE.** **NONE** **OR** **From** **To**

- **WHAT COULD YOU SHOW TO IRS TO PROVE THAT YOUR SPOUSE HAD A SEPARATE RESIDENCE?**

<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> Letter from a Clergy Member
<input type="checkbox"/> Lease Agreement	<input type="checkbox"/> Letter from Social Services
<input type="checkbox"/> Utility Bills	<input type="checkbox"/> Other Supporting Documentation, Describe

HOME MAINTENANCE

CAN YOU PROVE TO IRS THAT YOU PAID MORE THAN 1/2 COST OF MAINTAINING A HOME?

<input type="checkbox"/> Mortgage Interest Statement	<input type="checkbox"/> Repair Bills
<input type="checkbox"/> Rent Receipts	<input type="checkbox"/> Grocery Receipts
<input type="checkbox"/> Property Tax Bills	<input type="checkbox"/> Utility Bills
<input type="checkbox"/> Other Household Bills like _____	

DID YOU RECEIVE ANY NON TAXABLE ASSISTANCE?

<input type="checkbox"/> Family Support	<input type="checkbox"/> Child Care Assistance
<input type="checkbox"/> Food Stamps	
<input type="checkbox"/> Housing Assistance	<input type="checkbox"/> Other _____

Y **N** **DID ANYONE ELSE LIVE WITH YOU OTHER THAN YOUR QUALIFYING PERSON(S)?**

Name _____ Relationship _____

Y **N** **Did they provide any Financial Support?**

WORKSHEET Complete this Worksheet if Another Adult lives in the home

	TOTAL	YOU	OTHER
PROPERTY TAXES			
MORTGAGE PAYMENT			
RENT			
UTILITIES			
REPAIRS & MAINTENANCE			
PROPERTY INSURANCE			
FOOD EATEN IN THE HOME			
OTHER HOUSEHOLD EXPENSES			
TOTAL			

I hereby affirm that the foregoing is true and correct to the best of my knowledge and belief.

SIGN		PRINT NAME		DATE	
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