## .1.1.1.1

**| | | |** 100

with INCOME INFORMATION; Be sure to Include non-school age children. 00 NOT REPEAT THE STUDENT,S) LISTED ABOVE. along

Welfare payments. child support. alimony MONTHLV\* . If NO earnings Income. put deductions; Indude all,obs X in this box. MONTHLV\* Permanent disability, other income 100 1 10 **1**0 11 11100 100 100 1,00 111100 1 10 100 111100 00 00  $\square$ °**:00** 00 00