



BUCKS VILLA Inc.
 c/o
 Family Service Association of Bucks County
 4 Cornerstone Drive
 Langhorne, PA 19047
 Ph 215-757-6916 Fax 215-757-7628
 TTY/TDD 215-750-0727
 www.bucksvilla.org

CHECK LIST

Record of Earned Household Income

- Paycheck Stubs
- W-2 Forms
- Income Tax Return - State and/or Federal
- Wage Tax Receipts

Record of Other Household Income

- | | |
|--|---|
| <input type="checkbox"/> Pensions and Annuities - latest check stub | <input type="checkbox"/> SSI current award letter |
| <input type="checkbox"/> Social Security Disability - current award letter | <input type="checkbox"/> Workmen's compensation -
Form DOL 203, current check stub |
| <input type="checkbox"/> Unemployment Compensation - Determination
Letter Form 2000, Form UC 30, or latest check stub | <input type="checkbox"/> Alimony - copy of court order |
| <input type="checkbox"/> Trade Union Benefits - current check stub | <input type="checkbox"/> Other Public Assistance - award letter |
| <input type="checkbox"/> Income from Assets - Credit Union/Bank/S&L Statements, etc. | |

Household Asset Information

- | | |
|---|--|
| <input type="checkbox"/> Bank Statements | <input type="checkbox"/> Income Tax Return |
| <input type="checkbox"/> Stock/Bond Certificates | <input type="checkbox"/> Certificates of Deposit |
| <input type="checkbox"/> Mortgage Note | <input type="checkbox"/> Alimony/Child Support |
| <input type="checkbox"/> Income Tax Return | <input type="checkbox"/> Current Value of Real Estate Owned |
| <input type="checkbox"/> Lump Sum Inheritance/ Insurance Settlement | <input type="checkbox"/> Regular Contributions of Outside Source |

List of Banks, Addresses, Phone Numbers, Account Numbers, & Contact Persons may be listed on a separate sheet of paper.

Record of Family Circumstances/Expenses

- Social Security Card
- Social Security Records
- Birth Certificate
- Completed Medical Form
 - Medical Expenses (anticipated next 12 months, if Household Head is disabled)
 - Services of recognized health care professionals
 - Services of health facilities, i.e. laboratory fees, x-rays, blood, diagnostic tests, oxygen, etc.
 - Prescriptions and non-prescription medicines
 - Transportation to and from treatment
 - Dental treatment
 - Eyeglasses, contact lenses
 - Hearing aid, wheelchair, walker, etc.
 - Scheduled payments of accumulated medical bills

Names, Addresses, Contact Persons for the above information may be listed on a separate sheet of paper

Items that MUST be submitted with application

- | | |
|---|--|
| <input type="checkbox"/> Completed SSA-4814-F5 | <input type="checkbox"/> FSA ADL Assessment Form |
| <input type="checkbox"/> Proof of income | |
| <input type="checkbox"/> Signed releases <ul style="list-style-type: none"> <input type="checkbox"/> D&D Adjustment <input type="checkbox"/> Case Manager <input type="checkbox"/> Paulhus & Associates <input type="checkbox"/> EIV system | <input type="checkbox"/> Criminal Background Check |