**SOUTH WEST CHRONIC DISEASE SUPPORT INC**

 **Income Test Form** Appendix 4-4A

Applicant’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you receive SAP/SES/SIP: If yes, applicant is eligible for maximum reimbursement of expenses as per policy.

1. **Annual Gross Income**:

Annual Income (Line 15000) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spousal Annual Income (Line 15000) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Annual Gross Income** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Qualifying Gross Income:**

Single, No Dependents $120,000 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Married, No Dependents $150,000 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Married, 1 Dependents $155,000 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Married, 2 Dependents $160,000 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Add Gross Income by $5000 for each additional dependent)

Reviewed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proof of income and medical appointment is required.**

**Please take pictures of:**

* **Your Income tax forms showing your name(s) and lines 15000**
* **Proof of your medical appointments**
* **Receipts**

**Forward the pictures to** [**swcdsinc@sasktel.net**](mailto:swcdsinc@sasktel.net)**. Or mail photocopies of documents to SWCDS, Box 458, Shaunavon, SK**