

DATE						JNL	DEPT/OFF	TRANSACTION							
M	M	D	D	Y	Y			CODE			T				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						4	0	4	4	5	0	1	0	6	

Applicant's Social Security Number	Spouse Last Name	Spouse First Name	M I
17 _____ 25	26 _____ 44	45 _____ 54   55	

Spouse Social Security Number	Spouse Status	State Supplement (Spouse)	Federal SSI (Spouse)	C O N V	SN p e c d	Essen Person	St ud ent	Liv. Arr.	Total Federal SSI & State Supplement	I N C M	Total Income
56 _____ 64	65   66	67 _____ 71	72 _____ 76	77	78	79   80	81	82   83	84 _____ 88	89	90 _____ 94

Total Income Disregard	Wages	Self-Employ	Total Earned Income	Earned Income Disregard	OASDI	Blanks
95 _____ 99	100 _____ 104	105 _____ 109	110 _____ 114	115 _____ 119	120 _____ 124	125 _____ 128