



TOWN OF COLONIAL BEACH
18 NORTH IRVING AVENUE
COLONIAL BEACH, VIRGINIA 22443
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TOWN OF COLONIAL BEACH
COMBINED INCOME AND ASSET STATEMENT WORKSHEET

Name of Owner _____ SS # _____ DOB _____

Name of Spouse _____ SS # _____ DOB _____

Name of Relative _____ SS # _____ DOB _____
(living in residence)

My total combined income for the year _____ from ALL sources is as follows:

	Owner	Spouse	Relative
Wages, salaries, bonuses, commissions	\$ _____	\$ _____	\$ _____
Tips and gratuities	\$ _____	\$ _____	\$ _____
Dividends and other earnings from investments	\$ _____	\$ _____	\$ _____
Interest from bonds, loans and savings accounts	\$ _____	\$ _____	\$ _____
Civil service, industrial and other pensions	\$ _____	\$ _____	\$ _____
Retirement compensation, annuities and endowments	\$ _____	\$ _____	\$ _____
Rents and royalties from property, patents, copyrights	\$ _____	\$ _____	\$ _____
Profits from business or profession	\$ _____	\$ _____	\$ _____
Profits from sale of real estate, securities, autos, etc.	\$ _____	\$ _____	\$ _____
Your share of partnership profits	\$ _____	\$ _____	\$ _____
Your share of estate or trust income	\$ _____	\$ _____	\$ _____
Alimony/separate maintenance/other support payments	\$ _____	\$ _____	\$ _____
Railroad Retirement Act benefits	\$ _____	\$ _____	\$ _____
Virginia Supplemental Retirement Act benefits	\$ _____	\$ _____	\$ _____
State, county, city or town retirement system benefits	\$ _____	\$ _____	\$ _____
Gifts, inheritances, etc.	\$ _____	\$ _____	\$ _____
Workman's Compensation/insurance/injury damages	\$ _____	\$ _____	\$ _____
Life insurance proceeds	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
Social Security Supplements	\$ _____	\$ _____	\$ _____
Veteran and veteran's family benefits	\$ _____	\$ _____	\$ _____
Farm income, crops, livestock, soil banks and others	\$ _____	\$ _____	\$ _____

Unemployment, welfare, etc. benefits \$ _____ \$ _____ \$ _____

Other social service benefits (fuel, food stamps, etc.) \$ _____ \$ _____ \$ _____

Any other income - Specify _____ \$ _____ \$ _____ \$ _____

Total Combined Income \$ _____ \$ _____ \$ _____

Value of Assets \$ _____ \$ _____ \$ _____

I, the undersigned, declare this to be a true and accurate statement of my total income during the immediately preceding calendar year from all sources.

Signature of Applicant _____ **Date** _____