Volunteer Income Tax Assistance Program State of Michigan And City of Flint Intake Sheet

What school district do you li					
Did you live in Michigan for	the entire year?	Yes	No (when mo	ved?)
Is anyone in your household of	leaf, blind, or totally	and permane	ently disabled?	Yes	No
Did you purchase any major i If Yes, did you pay MI sale	_				
Do you own your home or do Own: Must have your 2024	• • •			back with then	1.
Rent: How much rent do you	u pay per month? _	Nu	mber of months _		
What is the name of y	our landlord (or apar	rtment comple	ex)?		
What is your landlord	's address (street, cit	y, state, zip)?			
	ear: you pay per month a of your previous ho	•			
	e of your <u>previous</u> lan	ndlord?	ity, state, zip)?		-
Workers' compensation	Yes Yes Yes	No If so, h No If so, h No If so, h	ow much?		_ _ _
Do you have your January or	February Consumers	s bill? Y	es No (If No	o, OK, <u>do not se</u>	nd home
Is your heat included in your	rent payment or in so	omeone else's	s name? Ye	esNo	
What is your race/ethnicity/na Asian Indian Asian Paci	• •	ŕ			
How did the client file last ye Paid Preparer S	· · · · · · · · · · · · · · · · · · ·	TA-FPL V end Did no		-Other	
Do you <u>live</u> in the City of Flind Do you work in the City of Flind Do you work in the City of Flind Points of					