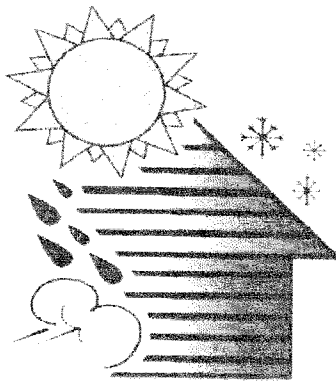




PRIDE

COMMUNITY SERVICES

Empowering Lives. Strengthening Communities.



*Weatherization
Works*

PRIDE Community Services, Inc.
PO Box 1346
699 Stratton Street
Logan, WV 25601
(304) 752-6868
www.loganpride.com

BEFORE APPLICATION WILL BE PROCESSED

**THE FOLLOWING DOCUMENTS MUST BE PROVIDED FOR
EACH HOUSEHOLD MEMBER:**

- 1. PROOF OF INCOME**
- 2. COPY OF ELECTRIC AND/OR GAS BILL WITH
ACCOUNT NUMBERS ON THEM**
- 3. SOCIAL SECURITY NUMBER**
- 4. DATE OF BIRTH**

Lisha Whitt
Executive Director



PO Box 1346
699 Stratton Street
Logan, West Virginia 25601
Phone: 304-752-6868
Fax: 304-752-1047
www.loganpride.com

JOB# _____

TYPE OF INCOME:

____ SOCIAL SECURITY
____ SSI
____ BLACK LUNG-SSA
____ BLACK LUNG-DOL
____ AFDC
____ VETERANS BENEFITS
____ WAGES/SALARY
____ UNEMPLOYMENT
____ OTHER (SPECIFY _____)

RECIPIENT OF INCOME

NAME: _____

ADDRESS: _____

SS# _____

INCOME SOURCE

AGENCY NAME AND ADDRESS:

INCOME PERIOD REQUESTED:

I hereby give my permission for PRIDE Community Services to contact the above agency for purpose of verifying the amount of my income for the requested period to determine my eligibility for any and all programs administered by PRIDE Community Services.

SIGNATURE _____ DATE _____

FOR AGENCY USE ONLY

GROSS AMOUNT _____ TYPE _____ PERIOD _____

GROSS AMOUNT _____ TYPE _____ PERIOD _____

GROSS AMOUNT _____ TYPE _____ PERIOD _____

SIGNATURE OF AUTHORIZED OFFICIAL _____ TITLE _____ DATE _____

AGENCY NAME _____

TELEPHONE NUMBER _____

Intake Date / /
MM DD YYYY

Staff Completing Intake _____

Address // Demographics

First Name _____ **MI** _____ **Last Name** _____ **Suffix** _____

Mailing Address CITY STATE ZIP CODE COUNTY		Physical Address CITY STATE ZIP CODE COUNTY	
Phone Home- () - Cell- () - Work- () - X		Message Phone- () - E-mail- <input type="checkbox"/> Block from Search	
SS# - - - <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown		Date of Birth / / MM DD YYYY <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	
Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial or Multi-racial <input type="checkbox"/> Black or African-American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unspecified		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Primary Language <input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican		Secondary Language <input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	
Tribe <input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima		Education Level <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Certificate/Trade <input type="checkbox"/> 2-4 Year College Graduate <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Unknown	

Family Type <input type="checkbox"/> Grandparent(s) (raising grandchildren) <input type="checkbox"/> Multiple Adults (living with children) <input type="checkbox"/> Multiple Adults (no children) <input type="checkbox"/> Single parent – female (living with children) <input type="checkbox"/> Single parent – male (living with children) <input type="checkbox"/> Single person (living alone) <input type="checkbox"/> Single person (living with partner) <input type="checkbox"/> Single person (living with others) <input type="checkbox"/> Two parent household (living with children)	Living Arrangement <input type="checkbox"/> Homeless <input type="checkbox"/> Incarcerated <input type="checkbox"/> Living with Friends or Family <input type="checkbox"/> Own <input type="checkbox"/> Rent- Subsidized (HUD, Section 8, etc.) <input type="checkbox"/> Rent- Unsubsidized <input type="checkbox"/> Transitional / Shelter <input type="checkbox"/> Unknown
Charact. (check all that apply) <input type="checkbox"/> Applicant <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> No Health Insurance <input type="checkbox"/> High Energy User <input type="checkbox"/> Migrant/Seasonal Worker <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Referred by DHHR <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> HS/EHS – Parent of Child <input type="checkbox"/> HS/EHS – Foster Parent of Child	<input type="checkbox"/> HS/EHS – Dual Custody Agreement <input type="checkbox"/> HS/EHS – Guardian of Child <input type="checkbox"/> Deceased <input type="checkbox"/> HS- Board of Ed. 4 yr. old <input type="checkbox"/> Hurricane Katrina Evacuee <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative or Board Member <input type="checkbox"/> HS/EHS- Over Income Exception

Income

Monthly Income Sources for Household Member	No Financial Resources <input type="checkbox"/>		Pension/Retirement \$ _____ .00
	Alimony	\$ _____ .00	Public Assistance \$ _____ .00
	Black Lung	\$ _____ .00	Rental Income \$ _____ .00
	Child Support	\$ _____ .00	Royalties \$ _____ .00
	Educational Assistance	\$ _____ .00	Social Security \$ _____ .00
	Employment Earnings	\$ _____ .00	SSI \$ _____ .00
	Estates/Trusts	\$ _____ .00	State Assistance (IS Gen. Assistance) \$ _____ .00
	Interest/Dividends	\$ _____ .00	TANF \$ _____ .00
	Miscellaneous	\$ _____ .00	Unemployment \$ _____ .00
	Outside Assistance	\$ _____ .00	Veteran's Benefits \$ _____ .00
	\$ _____ .00	Worker's Compensation \$ _____ .00	
Non-Cash Benefit	\$ _____ .00		
Non-Cash Benefit	\$ _____ .00		
		Total Monthly Income \$ _____ .00	

Employment

Employment Status	Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so what is her/his status? <input type="checkbox"/> Full-time w/ benefits <input type="checkbox"/> Full-time, no benefits <input type="checkbox"/> Left employment <input type="checkbox"/> Part-time <input type="checkbox"/> Stipend <input type="checkbox"/> Temporary <input type="checkbox"/> Termination/Layoff	Current Employer Name: _____ Employed Since: ____/____/____ MM DD YYYY Current Employer Name: _____ Employed Since: ____/____/____ MM DD YYYY
--------------------------	---	--

Customer Consent Form

DBA FACS Pro Client Intake Form

I, _____ give _____ consent to release, obtain, store and share all pertinent identifying and non-personally identifying social, educational, medical and other information about myself or other members of my household that will allow me to benefit from services offered. In granting such permission, I understand that such information will be stored in a secure electronic data system. My information will remain confidential and that such information will only be used for my benefit or to benefit other members of my household. Only authorized personnel will share client information needed for service delivery, program eligibility, to track demographic trends, service patterns and the client outcomes achieved. Non-personally identifying information may also be used for the purposes of research and reporting to other service agencies, current and potential program funding sources and other programs offered by _____. I release _____ and its staff from any legal liability for disclosing or acquiring information that I have permitted by signing this form. Unless I make a formal request to _____ that I no longer want to participate in the services offered, this release will remain in force indefinitely as of today. The statements made by me on this consent form are true, correct and complete to the best of my knowledge as of the date signed.

Customer Signature

Date

Signature of CAA Staff Member

Date

[Agency Name]

**DBA FACS Pro Client Intake Form
(Weatherization Consent Form)**

Weatherization Consent Form

Attach the following to this application:

- ☐ Proof of Income for all Household Members (age 18 and over)
 - ☐ A Zero Income Affidavit form (if applicable)
 - ☐ A copy of most recent electric utility bill
 - ☐ A copy of most recent natural gas bill (if applicable)
-

I, _____ understand that I am entitled to a fair hearing regarding the decision made concerning this application for weatherization assistance. I hereby authorize the agency indicated above to obtain information regarding past, present and future bills. I further authorize work to be performed on the dwelling listed above in accordance with federal and state weatherization priorities and within existing and future funding limitations. I agree that I cannot hold the agency liable for existing program-identified health and safety violations that are NOT corrected by the agency Weatherization Program. I also understand that I cannot hold the agency responsible for existing conditions prior to weatherization work. I further understand that the weatherization crew may need to use my electricity to perform weatherization measures. I certify that to best of my knowledge all information furnished by me is true and I acknowledge that falsification of information is subject to prosecution.

Customer Signature

Date

Signature of CAA Staff Member

Date

Residence Information / Residence Energy Information

Dwelling Type	<input type="checkbox"/> Site Built (built from bottom up) <input type="checkbox"/> Modular Home (no wheels) <input type="checkbox"/> Doublewide <input type="checkbox"/> Mobile Home		<input type="checkbox"/> Mobile Home with add-on <input type="checkbox"/> Row House <input type="checkbox"/> Multi-Family Unit (5 or more homes in 1) <input type="checkbox"/> Duplex (2 homes under 1 roof)		<input type="checkbox"/> 3 to 4 Unit Rental <input type="checkbox"/> Shelter <input type="checkbox"/> Transitional <input type="checkbox"/> Other	
Structure	<input type="checkbox"/> Brick <input type="checkbox"/> Masonry <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Unit <input type="checkbox"/> Wood Frame	# of Stories	<input type="checkbox"/> 1 story <input type="checkbox"/> 1.5 stories <input type="checkbox"/> 2 stories <input type="checkbox"/> 3 stories <input type="checkbox"/> 4 stories	Do you live in?	<input type="checkbox"/> City/Town <input type="checkbox"/> Suburb <input type="checkbox"/> Rural Area	
Smokers in Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How Many? _____	Was the dwelling previously Weatherized?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____ Were DOE funds used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are non-electric, unvented space heaters in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How Many? _____	
If previously Weatherized, was the dwelling subsequently damaged by fire, flood, wind or any other Act of God?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____		Does the Government assist with the rent or mortgage payment?		<input type="checkbox"/> Yes <input type="checkbox"/> No How much is monthly Rent or Mortgage Payment? \$ _____	
If dwelling is rented and being Weatherized, what is Owner's Contribution?	\$ _____		House Exposure		<input type="checkbox"/> Exposed <input type="checkbox"/> Normal <input type="checkbox"/> Shielded	
Primary Heating	<input type="checkbox"/> Electricity <input type="checkbox"/> None <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other Fuel <input type="checkbox"/> Kerosene <input type="checkbox"/> Propane/LPG <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood		Who is your Primary Heating Vendor?		Vendor _____ Acct. #- _____	
Secondary Heating	<input type="checkbox"/> Electricity <input type="checkbox"/> None <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other Fuel <input type="checkbox"/> Kerosene <input type="checkbox"/> Propane/LPG <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood		Who is your Secondary Heating Vendor?		Vendor _____ Acct. #- _____	
Cooling Energy	<input type="checkbox"/> Electric <input type="checkbox"/> None Vendor _____ Acct. #- _____		How much is your monthly energy bill?		\$ _____	
Please provide detailed directions to your dwelling.	_____ _____ _____					

[Pride Community Services]

DBA FACS Pro Client Intake Form

Additional Household Members

First Name _____ MI _____ Last Name _____ Suffix _____

Relationship to Head of Household	<input type="checkbox"/> Aunt	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Nephew	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Brother	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Niece	<input type="checkbox"/> Stepchild
	<input type="checkbox"/> Custodial Parent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other	<input type="checkbox"/> Uncle
	<input type="checkbox"/> Daughter	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Partner	
	<input type="checkbox"/> Father	<input type="checkbox"/> In-law	<input type="checkbox"/> Sister	
	<input type="checkbox"/> Former Spouse	<input type="checkbox"/> Mother	<input type="checkbox"/> Son	

SS#	_____ - _____ - _____ <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	Date of Birth	____ / ____ / ____ MM DD YYYY <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial or Multi-racial <input type="checkbox"/> Black or African-American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unspecified	Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
Primary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	Secondary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican
Tribe	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima	Education Level	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Certificate/Trade <input type="checkbox"/> 2-4 Year College Graduate <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Unknown
Charact. (check all that apply)	<input type="checkbox"/> Applicant <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Migrant/Seasonal Worker <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Referred by DHHR <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> HS/EHS – Parent of Child <input type="checkbox"/> HS/EHS – Foster Parent of Child <input type="checkbox"/> HS/EHS – Dual Custody Agreement <input type="checkbox"/> HS/EHS – Guardian of Child <input type="checkbox"/> Deceased <input type="checkbox"/> Hurricane Katrina Evacuee <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative OR Board Member <input type="checkbox"/> HS/EHS- Over Income Exception		

[Pride Community Services]

DBA FACS Pro Client Intake Form

Income

Monthly Income Sources for Household Member	No Financial Resources <input type="checkbox"/>					
	Alimony	\$ _____	.00	Pension/Retirement	\$ _____	.00
	Black Lung	\$ _____	.00	Public Assistance	\$ _____	.00
	Child Support	\$ _____	.00	Rental Income	\$ _____	.00
	Educational Assistance	\$ _____	.00	Royalties	\$ _____	.00
	Employment Earnings	\$ _____	.00	Social Security	\$ _____	.00
	Estates/Trusts	\$ _____	.00	SSI	\$ _____	.00
	Interest/Dividends	\$ _____	.00	State Assistance (IS Gen. Assistance)	\$ _____	.00
	Miscellaneous	\$ _____	.00	TANF	\$ _____	.00
	Outside Assistance	\$ _____	.00	Unemployment	\$ _____	.00
		\$ _____	.00	Veteran's Benefits	\$ _____	.00
		\$ _____	.00	Worker's Compensation	\$ _____	.00
	Non-Cash Benefit	\$ _____	.00			
	Non-Cash Benefit	\$ _____	.00	Total Monthly Income	\$ _____	.00

Employment

Employment Status	Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Employer Name: _____
	If so what is her/his status? <input type="checkbox"/> Full-time w/ benefits <input type="checkbox"/> Full-time, no benefits <input type="checkbox"/> Left employment <input type="checkbox"/> Part-time <input type="checkbox"/> Stipend <input type="checkbox"/> Temporary <input type="checkbox"/> Termination/Layoff	Employed Since: ____/____/_____ MM DD YYYY Current Employer Name: _____

Weatherization Assistance Program Rental Release and Agreement

I, _____ owner of the dwelling unit located at _____
and presently occupied by _____ hereby give my consent to having said dwelling unit weatherized
by (Agency name).

I further agree that for a period of two years, the rent shall not be raised because of the increased value of the dwelling unit solely due to weatherization, unless those increases are demonstrably related to matters other than weatherization work. I understand that in the event of a rent increase, the agency can request justification of such increases and could seek remuneration of the increases. In cases where the cost of heating or cooling the dwelling unit is included in the rent, I further agree that any significant reduction in such costs will be passed on to the occupant in the form of reduced rents.

It is understood that the West Virginia Weatherization Assistance Program (WAP) policy requires this agency to obtain investments from the owner to supplement the weatherization energy conservation services to be performed on the building. The policy states:

1. If an owner of the dwelling unit qualifies for WAP, no landlord contribution is expected.
2. In all other situations, a **mandatory** landlord contribution of 25% of the total cost of weatherization to the sub grantee performing the work is expected.

It is further understood that the agency and the weatherization program cannot be held liable for existing program-identified health and safety violations that are not corrected by the agency. It is also understood that the work to be done shall consist of weatherization activities only, as defined by WAP audit, and that no undue enhancement shall accrue to the value of the dwelling.

A cost estimate of needed weatherization work will be made and supplied to me. I will review the estimate, and upon agreement, will sign so that work can begin. Upon completion of the agreed work, an invoice will be sent to me reflecting the work completed and my costs based on the above-mentioned policy. In the event that costs exceed those estimated, the additional costs will be explained to me and those additional costs negotiated.

Owner Signature

Date

Signature of CAA Staff Member

Date

Zero Income Affidavit

I, _____, hereby certify under the penalties of perjury and fraud the following: (1) I have not received any income¹ in the past twelve (12) months prior to this date; (2) I do not have any additional proof of income; and (3) the information that I have provided in this affidavit is true and accurate. In addition, I authorize state and federal agencies to verify any of this information and hereby consent to the release of my West Virginia Tax Return for this purpose. My household living expenses have been met over the past twelve (12) months as follows:

Housing Assistance: _____ Date Received: _____
Source of Assistance/Name: _____

Utility Assistance: _____ Date Received: _____
Source of Assistance/Name: _____

Food Assistance: _____ Date Received: _____
Source of Assistance/Name: _____

Cash or Other Assistance: _____ Date Received: _____
Source of Assistance/Name: _____

I acknowledge that 18 U.S.C. § 1001, "Fraud and False Statements," provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years.

Signature of Zero Income Claimant Date: _____

NOTARY ACKNOWLEDGEMENT

WITNESS my hand and seal this _____ day of _____ 20____.

My County of Residence: _____
Notary Public -Signature

My Commission Expires: _____
Notary Public -Printed Name

HEAD OF HOUSEHOLD AND AGENCY SIGNATURES

Head of Household Signature Date: _____

Agency Representative Signature Date: _____

¹Income means Cash Receipts earned and/or received by the applicant before taxes during applicable tax year(s). Cash Receipts include the following: money, wages and salaries before any deductions; net receipts from non-farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses); regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony, and military family allotments; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; dividends and/or interest; net rental income and net royalties; periodic receipts from estates or trusts; and net gambling or lottery winnings.