SECTION B

INCOME INFORMATION

1. Please attach to the back of this form a copy of your 2007 Federal Tax Return. (Without your tax return this application will not be processed.)

2. Do you receive any non-taxable income? If yes, please indicate total for 2007. _____

3. Do you anticipate any significant changes in income this year (2008)? If yes, please explain. _____
   _____
   _____
   _____
   _____
   _____

4. Do you have any medical, dental or optical expenses not covered by insurance? _____
   If yes, please indicate amount: Medical _____
   Dental _____
   Optical _____

   CERTIFICATION AND AUTHORIZATION
   I declare the information on this form is correct and complete, to the best of my knowledge.

   _____
   Signature
   Phone: _____
   Date: _____