

LOW INCOME PROTECTION PLAN
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SPOUSE INCOME FORM

Name of Participant: _____

Name of Spouse: _____

PRIMARY EMPLOYMENT

Name of Employer: _____

Date **full-time** employment began: _____ End date if known: _____

Full-time annual gross income: _____ Effective Date: _____

If part-time or paid hourly, please specify effective date(s), hours/schedule: _____

Current gross paycheck: _____ Frequency? (weekly, monthly, etc.) _____

OVERTIME

Are you eligible for over-time pay? _____

If yes, please provide estimates for the gross amount of overtime you received for the past 6 months and will receive for the next 6 months:

July - Dec 2022

Jan - June 2023

BONUSES

Are you eligible for bonuses/merit pay/performance awards? _____

If yes, please list the gross amount and date received for all received in the past 12 months and anticipated for the next 6 months:

OTHER INCOME

Please provide details on any allowances (housing, phone, food, car loan repayment, etc.) associated with this employer. Please indicate the type, amount, and whether the funding is a reimbursement or W2 income:

INCOME FROM ADDITIONAL SOURCE(S)

If you have an additional source of income outside of your primary employer, please describe here and include relevant details regarding the gross amount you are paid and approximate hours per week worked as well as the total gross amount you received from this source for the last 6 months and what you expect for the next 6 months. Please detail for each additional source.

Name of Additional Source	Gross Earned July - Dec 2022	Gross Anticipated for Jan - June 2023	Comments

CERTIFICATION

I hereby certify that all of the information contained in this form is true and complete to the best of my knowledge. I agree to provide further documentation and/or proof of the information given on this form. I also agree to notify the director of LIPP of any changes in income or other relevant changes during the period of participation and I understand that because LIPP is awarded prospectively these changes may result in my returning a portion or all of my award.

Signature of LIPP Participant: _____

Signature of Spouse: _____