

## Verification of Income For

\_\_\_\_\_  
(Applicant Name)

**Have you or any member of your household had income from any of these sources during the past year? If your answer is YES, please list approximate date and amounts.**

		<b>Date/Amount</b>			<b>Date/Amount</b>
<b>Employment</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<b>Workers Compensation</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Social Security</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<b>Insurance Benefits</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>SSI</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<b>Rental Property</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Veterans Benefits</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<b>Interest-Savings, CDs, Etc.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Military Allotment</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<b>Loans</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Pension</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<b>Savings</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Strike Benefits</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<b>Scholarships, Grants, Etc.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Child Support</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<b>SNAP</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Alimony</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<b>Relief/General Assistance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Unemployment</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<b>Friends or Family</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Other</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____			

Please describe how your household has met the following basic needs during the past year.

Rent or mortgage payments: \_\_\_\_\_

Food: \_\_\_\_\_

Utility/Heating bills: \_\_\_\_\_

I certify that the information provided on this form is true and correct to the best of my knowledge. I declare that I am the only person in my household who has or will apply for this program. Any willful misrepresentation of the information on this form is subject to penalty of law. I authorize the agency processing this form to verify the information given:

3 <sup>rd</sup> Party Signature	Date
Applicant is known to me and the above information is correct. Prior to approving application the agency will contact you to verify authenticity.	
Printed Name	Contact information/phone#

Applicant Signature	Date
Address	