INCOME VERIFICATION FORM **Today's Date_____**

_____ _____ _____
First Name Last Name Email Address

_____ _____
Street Address Zip Code Daytime Telephone Number

Applicant's Date of Birth _____ _____
Evening Telephone Number

SEX ☐ Female ☐ Male MARITAL STATUS ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Are you receiving aid from any of the following agencies? check all that apply: ☐Food Stamps
☐Welfare ☐AFDC ☐WIC ☐Fuel Assistance ☐SSI ☐Medicaid ☐Unemployment ☐Medicare ☐SS Disability

☐ None of the above

_____ _____ _____
Employed (yes/no/retired) Employer work phone & extension

Other Adults in Household employer information:

_____ _____ _____
Employed (yes/no/retired) Employer work phone & extension

_____
Household monthly income: please explain if your income is expected to change during next 6 months (use other side if needed)

Total Number living in the Household: _____

INCOME INFORMATION

Applicant's Annual Income: $_____

Annual Income for Other Adults in Household: $_____

TOTAL OF ABOVE INCOME: $ _____

I certify under the penalties of perjury that the above information is true and correct.

_____ _____
Applicant Signature **Date**

Referring Agency

I certify that I have verified the information given above and find it to be correct.

_____ _____
Agency Name Date

_____ _____
Signature Title

Revised 7/1/18