

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 <input type="checkbox"/> Female <input type="checkbox"/> Male	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> 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

Total Number in Household: _____

INCOME INFORMATION

Applicant's Annual Income: \$ _____

Annual Income for Other Adults in Household: \$ _____

TOTAL OF ABOVE INCOMES: \$ _____

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

_____	_____
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