INCOME VERIFICATION FORM

_____ _____ _____
First Name Last Name Social Security Number

_____ _____
Street Address Zip Code Telephone Number

Applicant's Date of Birth _____

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

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