**INCOME VERIFICATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, currently have a monthly income of $\_\_\_\_\_\_\_\_\_\_\_\_. I know that I am responsible for informing my case manager of any changes in my income within one week of the change. I am aware that failure to do so could result in the loss of services through this agency. My income is currently received through:

**(A SEPARATE FORM MUST BE COMPLETED FOR EACH INDIVIDUAL RECEIVING INCOME)**

|  |  |  |
| --- | --- | --- |
| **Income Category** | **Amount Received (monthly)** | **Client Name** |
| Earned Income | $ |  |
| Unemployment Insurance | $ |  |
| Private Disability Income | $ |  |
| Worker’s Compensation | $ |  |
| TANF | $ |  |
| Social Security ( survivor benefits) | $ |  |
| Supplemental Security Income (SSI) | $ |  |
| Social Security Disability Income (SSDI) | $ |  |
| Alimony/Child Support/Foster Care Income | $ |  |
| Armed Forces Income | $ |  |
| Retirement Income from Social Security | $ |  |
| Pension from a former job | $ |  |
| Interest/Dividends | $ |  |
| Veteran’s Pension | $ |  |
| Veteran’s Disability Insurance | $ |  |
| General Assistance (GA) (or local name) | $ |  |
| Other (specify): | $ |  |
| **Total Monthly Income** | **$** |  |
| **Annualized Income** | **$** |  |

**Are you currently employed?**

Yes No Refused to Report Doesn’t Know

If yes, how many hours did you work in the past week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you received income from any source in the past 30 days?**

Yes No Refused to Report Doesn’t Know

**Status of Employment**

Permanent Temporary Seasonal Refused to Report Doesn’t Know

**If unemployed, are you looking for work? If you are employed, are you looking for additional employment or increased hours at your current job?**

Yes No Refused to Report Doesn’t Know

**Select ALL non-cash benefits that you are receiving**

|  |  |
| --- | --- |
| Other Source | Veteran’s Administration |
| Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps) | (VA) Medical Services |
| MEDICAID Health Insurance Program (or local name) | TANF Child care Services (or local name) |
| MEDICARE Health Insurance Program (or local name) | TANF Transportation services (or local name) |
| State Children’s Health Insurance Program (or local name) | Other TANF-funded services (or local name) |
| Special Supplemental Nutrition Program for Women, Infants and Children (WIC) | Section 8, Public Housing, or Other Rental Assistance |
| Temporary Rental Assistance |  |

**ASSET DECLARATION**

I further declare that I possess the following assets:

|  |  |
| --- | --- |
| **Asset Type** | **Value** |
| Cash | $ |
| Checking Accounts | $ |
| Savings Accounts | $ |
| Money Market Accounts | $ |
| Trusts\* | $ |
| Investments (stocks, bonds, CDs, etc.)\* | $ |
| Retirement Accounts (IRA, 401(k), Keogh, etc.)\* | $ |
| Other (specify): | $ |
| **Total Assets** | **$** |

I certify that the information I am providing is true and could be subject to verification at any time by a third party.  I also acknowledge that the provision of false information could leave me subject to the penalties of Federal, State and local law.

**WARNING:**    **Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.**

Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**-----------------------------------For Office Use Only-------------------------------------**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TOTAL ANNUAL INCOME LIMITS** | | | | | | | | |
| **Household Size** | | | | | | | |
| **1 Person** | **2 Person** | **3 Person** | **4 Person** | **5 Person** | **6 Person** | **7 Person** | **8 Person** |
| $14,550 | $16,600 | $18,700 | $20,750 | $22,450 | $24,100 | $25,750 | $27,400 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TOTAL ASSET LIMITS** | | | | | | | |
| **Household Size** | | | | | | | |
| **1 Person** | **2 Person** | **3 Person** | **4 Person** | **5 Person** | **6 Person** | **7 Person** | **8 Person** |
| $2,013 | $2,299 | $2,585 | $2,872 | $3,104 | $3,332 | $3,565 | $3,793 |

I certify that the above applicant has provided the necessary documentation and:

* Meets Income Requirements  Meets Asset Requirements
* Does Not Meet Income Requirements  Does Not Meet Asset Requirements

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager Date

\* Contact your grantee jurisdiction if an amount is listed in this category and the client’s total assets surpass the limits in the table above.