

Income Verification Form

Must attach documentation

Client Name _____ **APPID #** _____ **Date** _____

Number in family: _____ Only these combinations determine family size: A) Husband, wife and dependent children or

B) Parent or Guardian and dependent children or C) husband and wife or D) Client only

Income Verification Used _____ Attached ___ Yes ___ No

How was it figured?

Income Subtotal, (Last 180 days) _____

Family Member / Relationship _____

Only these combinations of family income are allowed to determine income eligibility:

A) Husband, wife and dependent children or B) Parent or Guardian and dependent children or C) husband and wife

Income Verification Used _____ Attached ___ Yes ___ No

How was it figured?

Income Subtotal, (Last 180 days) _____

Grand TOTAL _____
(All subtotals added together)

Meets Income Criteria ___ Yes ___ No