

SOURCE OF INCOME FORM

DATE: _____

APPLICANT'S NAME: _____

LAST 4 OF SSN: _____

Under Penalty of perjury, I certify that the information presented in the certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of financial assistance from this office and/or prosecution.

YES	NO	CHECK THE APPROPRIATE Y/N BOX TO INDICATE HOUSEHOLD INCOME SOURCES
		WAGES FROM EMPLOYMENT (COMMISSIONS, TIPS, BONUSES, ETC)
		BUSINESS INCOME (SELF EMPLOYED, AVON, MARY KAY, DAYCARE, ETC)
		RENTAL INCOME FROM REAL OR PERSONAL PROPERTY
		INTEREST OR DIVIDENDS FROM ASSESTS
		SOCIAL SECURITY PAYMENTS, VA INCOME, ANNUITIES, INSURANCE, RETIREMENT/PENSIONS OR DEATH BENEFITS
		UNEMPLOYMENT PAYMENTS OR DISABILITY PAYMENTS FROM JOB AND FAMILY SERVICES
		PUBLIC ASSISTANCE (CASH ASSISTANCE FROM JFS) UTILITY REIMBURSEMENT, ETC.
		ALIMONY, CHILD SUPPORT
		ANY OTHER SOURCE NOT NAMED ABOVE

BANK ACCOUNTS

YES	NO	CHECK THE APPROPRIATE Y/N BOX TO INDICATE HOUSEHOLD ACCOUNTS
		CHECKING ACCOUNTS (NON CREDIT UNION ACCOUNTS)
		SAVING ACCOUNTS (NON CREDIT UNION ACCOUNTS)
		CREDIT UNION ACCOUNTS (CHECKING AND/OR SAVINGS)
		DIRECT EXPRESS CARDS
		UNEMPLOYMENT BENEFIT DEBIT CARD
		CHILD SUPPORT DEBIT CARD
		ANY OTHER FORM OF DIRECT DEPOSIT DEBIT CARD: (PLEASE LIST) EXAMPLE: EPPI CARD, WALMART PAY CARDS, ETC

TAXES

YES	NO	CHECK THE APPROPRIATE Y/N BOX TO INDICATE WHETHER ANY HOUSEHOLD MEMBERS, HAVE FILED TAXES FOR THE LAST TAX YEAR
		EXPLANATION:

APPLICANT SIGNATURE: _____ DATE: _____

INVESTIGATOR SIGNATURE: _____ DATE: _____