Income Verification Statement

Please list all Employers (current and past) along with all sources of income received within the last 4 months. Be sure to report Cash Assistance, Social Security Benefits and Child Support Court Orders (even if you do not receive it).

<u>Verification Sources to confirm Total Household Income</u>

Company or Agency Name	Address		
()Fax Number	City	State	Zip Code
() Telephone Number	Start Date	End Date	
Household member:			
Company or Agency Name	Address		
() Fax Number	·	State	Zip Code
() Telephone Number	Start Date	End Date	
Household member:			
Company or Agency Name	Address		
() Fax Number		State	Zip Code
() Telephone Number	Start Date	End Date	
4. Household member:			
Company or Agency Name	Address		
() Fax Number	City	State	Zip Code
() Telephone Number	Start Date	End Date	
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certify that the above information	is true and accurate to the	he best of m	y knowledg
gnature:	Date:		
gnature:	Date:		
	Date:		