

Verification of Income

Please initial **yes** or **no** to all sources of income for your **household**:

Source of Income Please supply all supporting documents.	Yes	No	Name of Person Receiving	Gross Amount (before taxes)	How Often Paid
Employment (self)					
Employment (spouse)					
Self-Employment					
Child Support/Alimony					
SSI (parent/child)					
Social Security					
Food Stamps					
TANF					
Housing Assistance					
Educational Grants					
Educational Loans					
Educational Scholarships					
Other					

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I will report a change in my income, family size or contact information immediately.

Name (Printed)	
Signature	
Date	

Office Use Only

Subsidy %	
Participants %	
Registration Fee:	
Program/Membership Fee:	
Expiration Date:	
Potential scholarship value for this time period:	

Approved:
