



Income Verification

Number of individuals living in family home _____

<u>Income—Please List All Sources</u>	<u>Amount or Document Received</u>
<input type="checkbox"/> Employment	_____
<input type="checkbox"/> Indicate Source (Tax 1040, W-2, Pay Stub)	_____
<input type="checkbox"/> Unemployment	_____
<input type="checkbox"/> Child Support	_____
<input type="checkbox"/> Alimony	_____
<input type="checkbox"/> Pension(s)	_____
<input type="checkbox"/> Retirement SSI	_____
<input type="checkbox"/> Disability SSI	_____
<input type="checkbox"/> Other	_____
<input type="checkbox"/> Documentation of no income	_____

The child is income-eligible to participate in: Head Start GSRP Other _____

I verify that I viewed documentation of the information provided above.

Staff Signature , Title

Date of Verification