

Middle Georgia Community Action Agency, Inc.

Head Start Verification of Income & Housing

Child's Name \_\_\_\_\_

Center \_\_\_\_\_

Parent / Guardian's Name \_\_\_\_\_

Date \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Child's Gender:  Male  Female

Income Verification

What, if any, documentation was provided to verify income? (Check all that apply)

- W-2, Income Tax Form 1040, TANF Documentation, Pay Stub or Pay Envelopes, Unemployment Statement, Other, please explain:
Written Statement from Employer, Foster Care Reimbursement, Social Security Documentation, SSI Documentation, No income

If you have no income, how do you take care of your monthly expenses? \_\_\_\_\_

Housing Verification

- Is the family homeless (lacking a fixed, regular, and adequate nighttime residence)? Yes/No
Is the child's home address a temporary living arrangement? Yes/No
If yes, is this temporary living arrangement due to loss of housing or economic hardship? Yes/No
Is the child living with someone other than the parent or legal guardian? Yes/No

Address of Current Residence: \_\_\_\_\_

How long has child lived at the current residence? \_\_\_\_\_ years \_\_\_\_\_ months

If the family/child is homeless, please check the most accurate housing situation:
Documentation or a contact whom can verify homelessness will be required.

- Motel/Hotel, Car, Vehicle, Etc., Public Space, Park, Etc., Other, please describe:
Abandoned Building, Camping Ground, Shelter

I, \_\_\_\_\_, certify that all information on this form is true. If any part is false, my participation in this agency's program may be terminated and I may be subject to legal action.

(Print Parent/Guardian's Name)

(Parent/Guardian's Signature)

(Contact Person for Verification of Residency)

(Phone Number of Contact)

I, \_\_\_\_\_, have verified to the best of my ability that ALL statements made above are true and accurate. I have verified the documentation required for residency / verified with contact person.

(Verifying Staff Member's Signature)