

**Middle Georgia Community Action Agency, Inc.**  
**Head Start Verification of Income & Housing**

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

Center \_\_\_\_\_

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

Date \_\_\_\_\_

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

Child's Gender:  Male  Female

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**Income Verification**

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

- |  |   |
|--|---|
| <input type="radio"/> W-2                          | <input type="radio"/> Written Statement from Employer |
| <input type="radio"/> Income Tax Form 1040         | <input type="radio"/> Foster Care Reimbursement       |
| <input type="radio"/> TANF Documentation           | <input type="radio"/> Social Security Documentation   |
| <input type="radio"/> Pay Stub or Pay Envelopes    | <input type="radio"/> SSI Documentation               |
| <input type="radio"/> Unemployment Statement       | <input type="radio"/> No income                       |
| <input type="radio"/> Other, please explain: _____ |   |

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

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**Housing Verification**

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

- |   |  |
|---|--|
| <input type="radio"/> Motel/Hotel                   | <input type="radio"/> Abandoned Building |
| <input type="radio"/> Car, Vehicle, Etc.            | <input type="radio"/> Camping Ground     |
| <input type="radio"/> Public Space, Park, Etc.      | <input type="radio"/> Shelter            |
| <input type="radio"/> Other, please describe: _____ |  |

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

\_\_\_\_\_  
(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  
(Print Verifying Staff Member's Name) accurate. I have verified the documentation required for residency / verified with contact person.

\_\_\_\_\_  
(Verifying Staff Member's Signature)