

VERIFICATION OF INCOME & HOUSING

Child's Name: \_\_\_\_\_ Center: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Child's Gender:

Child's Birthdate: \_\_\_\_\_  Male  Female

---

**Income Verification**

---

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> W-2                  | <input type="checkbox"/> Paystub(s)                      | <input type="checkbox"/> Foster Care Reimbursement     |
| <input type="checkbox"/> Income Tax Form 1040 | <input type="checkbox"/> Unemployment Statement          | <input type="checkbox"/> Social Security Documentation |
| <input type="checkbox"/> TANF Documentation   | <input type="checkbox"/> Written Statement from Employer | <input type="checkbox"/> SSI Documentation             |
| <input type="checkbox"/> No Income            | <input type="checkbox"/> Other, please explain: _____    |  |

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?)      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the child's home address a temporary living arrangement?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, is this temporary living arrangement due to loss of housing or economic hardship? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the child living with someone other than the parent or legal guardian?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> 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="checkbox"/> Motel/Hotel                  | <input type="checkbox"/> Abandoned Building       | <input type="checkbox"/> Car, Vehicle, Etc. |
| <input type="checkbox"/> Camping Ground               | <input type="checkbox"/> Public Space, Park, Etc. | <input type="checkbox"/> Shelter            |
| <input type="checkbox"/> Other, please describe _____ |   |   |

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.

\_\_\_\_\_  
Parent/Guardian 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