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| **Income Worksheet**   |  |  |  | | --- | --- | --- | | **Type of Income** | **Amount** | **Proof Provided** | | **Temporary Cash Assistance** |  |  | | **Supplemental Nutritional Assistance Program** |  |  | | **Child Support** |  |  | | **Social Security Income** |  |  | | **Employment** |  |  | | **Alimony** |  |  | | **Court Ordered Emergency Relief** |  |  | | **Family/Friend/Partner Support** |  |  | | **Veteran Benefits** |  |  | | **Unemployment Benefits** |  |  | | **Other:** |  |  | | **Other:** |  |  | | **Other:** |  |  | | **TOTAL INCOME:** |  |  | |

By signing below, I agree that I have provided accurate information regarding my income verification.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Client Print Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Client Signature) (Date)