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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)