

Homeless Prevention Program Income Verification

I, _____ currently have an income of _____. I know that I am responsible for informing my case manager of any changes in my income within one week of the change. I am also aware that failure to do so could result in the loss of services through this agency.

My income is currently received through:

	Amount Received (monthly)	Applied	Not
Applicable			
TANF	_____	Y N	_____
Food Stamps	_____	Y N	_____
WIC	_____	Y N	_____
SSI	_____	Y N	_____
Job	_____	Y N	_____
Child Support	_____	Y N	_____
Retirement	_____	Y N	_____
Other: _____	_____	Y N	_____
Total Income per month:	_____		

No Current Income _____

Other _____

I certify that the information I am providing is true and could be subject to verification at any time by a third party. I also acknowledge that the provision of false information could leave me subject to the penalties of Federal, State and local law.

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.

Client Signature _____

Date _____