

Annual Household Income:

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Social Security, pension, annuity, and veteran's benefits				
Alimony, child support, military family allotments				
Income from business, self-employment, and dependents				
Rent, interest, dividend, and other income				
Other:				
Total				

Verification Checklist (please attach copies)

	Yes	No
Identification/Address: Driver's license, birth certificate, employment ID, social security card, or other		
Income: Prior year tax return, prior year W-2, three most recent pay stubs, or other		
Insurance: Insurance cards		
Medicaid: Application made or evidence of rejection		

I certify that the information shown above is correct and understand that verification is required for approval.

Name (print)

Signature

Date

OFFICE USE ONLY

Pay class approved: _____ Effective Date: _____

Approved by: _____ Expiration Date: _____