

ESHAP Annual Income Verification

Income is money or contributions paid to or for, a family member. Please provide the income expected for the coming 12 months for all family members, **using the lists below** of income and asset sources to help you.

SOME EXAMPLES OF INCOME SOURCES:

- | | |
|---|---|
| <ul style="list-style-type: none"> - Employment wages, including tips - State Supplement from DHHS - Child Support payments - TANF from DHHS - Self -Employment Income, Income from a business you own - Alimony payments | <ul style="list-style-type: none"> - Support from family or friends - Educational Grants & Scholarships - Disability Income - Pensions, retirement accounts - General Assistance payments - Unemployment compensation |
|---|---|

My household currently has no source of income (include Zero Income form)

Household Member:				
Name of Income Source:				
Contact Information:				
Amount Earned:	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
Household Member:				
Name of Income Source:				
Contact Information:				
Amount Earned:	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
Household Member:				
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Contact Information:				
Amount Earned:	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
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Name of Income Source:				
Contact Information:				
Amount Earned:	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly

Attach to this form all documentation of income; pay stubs, bank statements, benefit letters etc.
 Include at least 6 weeks of verification documentation.