



VERIFICATION OF MINIMAL INCOME
For

(Customer Name)

Have you or any member of your household had income from any of these sources during the past thirty (30) days? If your answer is YES, please list approximate date and amount.

	No	Yes	Date & Amount		No	Yes	Date & Amount
Alimony	☐	☐		Other	☐	☐	
Child Support	☐	☐	<i>amt not needed</i>	Pension	☐	☐	
Employment	☐	☐		Rental Property	☐	☐	
FIP/TANF	☐	☐	<i>amt not needed</i>	Savings	☐	☐	<i>amt not needed</i>
Food Stamps	☐	☐	<i>amt not needed</i>	Scholarships or Grants	☐	☐	<i>amt not needed</i>
Friends or Family	☐	☐		Social Security	☐	☐	
Gen. Relief/Asst	☐	☐		SSI/SSDI	☐	☐	
Insurance Benefit	☐	☐		Strike Benefits	☐	☐	
Interest or Dividends	☐	☐		Unemployment	☐	☐	
Loans	☐	☐	<i>amt not needed</i>	Veterans Benefits	☐	☐	
Military Allotment	☐	☐		Workers Comp	☐	☐	

9/30/2026

Please Turn Over





Please describe how your household has met the following needs during the past thirty (30) days.

Rent or mortgage payments:

Food:

Utility/Heating bills:

I certify that the information provided on this form is true and correct to the best of my knowledge. I confirm that I am the only person in my home who has or will apply for this program. I understand that giving false information on this form can result in a legal investigation. I give permission for the agency handling this form to check that the information I provided is correct.

Customer Signature:

Date:

Customer Phone Number

Customer's address: