

## **INCOME VERIFICATION REQUEST**

Date: \_\_\_\_\_

- Department of Health and Human Services (TANF, SSI, Foster Child)
- Social Security Administration
- Unemployment Insurance
- Employer \_\_\_\_\_
- Past Employer \_\_\_\_\_
- Other \_\_\_\_\_

Parent Name: \_\_\_\_\_

Child Name: \_\_\_\_\_

Parent Address: \_\_\_\_\_

Parent Date of Birth: \_\_\_\_\_

You are hereby authorized to furnish all information requested on this inquiry for income verification purposes.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

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### **Verify Income for the last 12 months or all of the previous year:**

- Gross Income earned:  
Amount \_\_\_\_\_ Dates Earned \_\_\_\_\_ to \_\_\_\_\_
  
- Public Assistance payments:  
TANF (Temporary Assistance for Needy Families) \_\_\_\_\_  
SSI (Supplemental Security Income) \_\_\_\_\_
  
- Change of economic status: (Attach documents)
  
- Unemployment dates and/or unemployment payment \_\_\_\_\_
  
- Eligibility Waiver based on Community Assessment, geographic or administrative data, or from a reliable data source.

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

We are required to verify income of our applicants to determine eligibility for the Head Start program. The applicant listed above has indicated that he/she is receiving or has received income from your company or agency.

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Revised 7/2019

Please supply the information requested and return to:

Name of Form: INCOME VERIFICATION REQUEST

Purpose: 1302.12 Determining, Verifying, and documenting eligibility

To verify documentation of income, in instances, where an income tax return is not available or income is being verified for the past 12 months.

Instructions: This form may be sent to an employer, past employers, DHHS, Social Security, Unemployment Administration, or any other source from which income was received.

Top portion of the form: Completed by a staff person. The caregiver must sign and date the top section of the form to give permission to share income information by another entity with the Head Start program.

Middle section of the form: The staff person will document what information they are requesting and the entity providing the income verification will document the amount earned. The representative from the agency who is providing income verification must sign the form and document their title.

Bottom section of the form: The Head Start staff person will sign and date the form once the requested agency has verified the income.

If the family cannot provide any proof of income a signature from a 3<sup>rd</sup> party must be required. All written documentation provided by a 3<sup>rd</sup> party or the family must be attached to the Income Verification Form.

Completed By: Head Start Staff

Date Due: At the time of the application

Send To: **Scanned into ChildPlus in Enrollment Attachments**

Filed At: Child File

Revised: 7/2019