

Verification of Income

Students Name _____ DOB _____

I certify that the information provided is accurate for the purpose of verification of family income. I understand that income is used to determine eligibility for services.

TOTAL Annual Household Income \$ _____

We must be able to verify total household income.

Please provide proof of household income using the following forms of acceptable documentation of income.

- IRS tax forms from most recent year available – Form 1040
- W-2 forms
- Copies of current payroll stubs for one month
- Certifications of income from non-payroll sources such as:
 - Unemployment
 - Disability Compensation
 - Worker's Compensation
 - Aid to families of Dependent Children (AFDC) (WIC)
 - Supplemental Security Income (SSI)
 - Copies of Social Security earnings statements
- Certification of income

Please check all that apply.

- My child currently receives free / reduced lunch.
- I have more than one child with disabilities.
- I recently lost my job and I am currently unemployed.
- I have an immediate family member living in the home who is terminally ill.
- Parent is currently deployed by armed forces.

_____ Number of family members, including parent (s) and children living in the home.

My signature below indicates that I, _____, have read, understood and agree to comply with the program guidelines and requirements. It is my understanding that I will be asked to complete questionnaires that measure the effectiveness of this program. I agree to participate in the process by filling out / answering these questionnaires. Failure to do so may result in service being terminated.

Signed _____ **Date** _____

**Return with all attachments to: Family Network on Disabilities of Broward County, Inc.,
P. O. Box 260909, Pembroke Pines, FL 33026**

DO NOT WRITE BELOW THIS LINE

Annual Household Income _____ Number of persons living in home _____

Income Documentation _____ Copies provided _____