



## 2009-2010 Independent Verification of Low Income

Please complete the following worksheet so our office can determine how you met expenses throughout the 2008 fiscal year.

### Annual Taxable Income for calendar year 2008

- ✓ Earned income from 2008 W-2 \$ \_\_\_\_\_
  - ✓ Business Income earned \$ \_\_\_\_\_
  - ✓ Unemployment Compensation \$ \_\_\_\_\_
- Total Taxable Income \$ \_\_\_\_\_**

### Annual Untaxed Income for calendar year 2008

- ✓ Welfare Benefits, TANF, AFDC \$ \_\_\_\_\_
  - ✓ Social Security Benefits \$ \_\_\_\_\_
  - ✓ Disability Benefits \$ \_\_\_\_\_
  - ✓ Child Support \$ \_\_\_\_\_
- Total Untaxable Income \$ \_\_\_\_\_**

### Annual Untaxed Assistance for calendar year 2008

- ✓ Food Stamps \$ \_\_\_\_\_
- ✓ Housing Assistance \$ \_\_\_\_\_
- ✓ Cash from Family and Friends \$ \_\_\_\_\_
- ✓ In-Kind Support\* \$ \_\_\_\_\_

**\*In-Kind Support provided or paid for you by another individual.**

**Support includes:**

- |           |          |            |          |                    |          |
|-----------|----------|------------|----------|--------------------|----------|
| Rent      | \$ _____ | Cell Phone | \$ _____ | Household Expenses | \$ _____ |
| Clothing  | \$ _____ | Food       | \$ _____ | Misc. Expenses     | \$ _____ |
| Insurance | \$ _____ | Car        | \$ _____ |                    |          |

**Total Untaxed Assistance \$ \_\_\_\_\_**

My signature denotes that all of the above information is true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ EMPLID \_\_\_\_\_