

## **C.A.S.I.'s Income Verification Form**

Applicant's Name: \_\_\_\_\_

## **Source of Income (All Sources)**

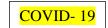
	,			
	<b>SOURCES</b> (1040, W-2's, pay stub, letter from			ANNUALIZED AMOUNT (if weekly x52,
	employer, child support, TANF,			if every 2 weeks x26,
	SSI, unemployment,			if twice per month x24,
APPLICANT/ SPOUSE'S NAME	other:)	AMOUNT	FREQUENCY	if monthly x12)
		\$	□ Weekly □ Every 2 weeks	\$
			$\square$ 2x/month $\square$ Monthly,	
			Vearly 2 Months	
		\$	□ Weekly □ Every 2 weeks	\$
			$\square$ 2x/month $\square$ Monthly $\square$ Yearly $\square$ 2 Months	
		¢	<ul> <li>Yearly</li> <li>2 Months</li> <li>Weekly</li> <li>Every 2 weeks</li> </ul>	Φ.
		\$	$\square$ 2x/month $\square$ Monthly	\$
			$\Box$ Yearly $\Box$ 2 Months	
	-	\$	□ Weekly □ Every 2 weeks	\$
		ψ	□ 2x/month □ Monthly	Ψ
			□ Yearly □ 2 Months	
		TOTAL ANNUAL INCOME:		\$
		Income Affidavit on File: Dyes Dno		
Wage Inquiry on file: Dyes Dno				
		wage inquiry on m	e: Uyes Uno	

Total number in the household:\_\_\_\_\_

	200% Annual	200% 2 Months (8 Weeks)
Family of 1	\$25,760	\$4293.33
Family of 2	\$34,840	\$5806.66
Family of 3	\$43,920	\$7320
Family of 4	\$53,000	\$8833.33
Family of 5	\$62,080	\$10,346.66
Family of 6	\$71,160	\$11,860
Family of 7	\$80,240	\$13,373.33
Family of 8	\$89,320	\$14,886.66
	Households with >	Households with >
	Than 8, add	than 8 people, add
	\$9,080 for each	\$1513.33 for each
	Additional person	additional person.

Veteran Services Crisis Assistance

Regular Crisis Assistance



## A) Certification

<u>Applicant Certification:</u> I certify that I have provided to I.F.D.S. staff <u>complete</u> and <u>accurate</u> information and documentation.					
Signature of Appl	licant:				
Print Name:		Date:			
-	e reviewed all informat	ion and documentation, that the above calculations were completed nd that the information on this form represents the family's			
Signature of India	na Family Developme	nt Specialist:			
Print Name:		Date:			
Lead I.F.D.S. Certi	fication (calculations an	nd documentation verified):			
Signature of Lead	I.F.D.S.:				
Print Name:		Date:			
my family's circu	mstances.	nployees to engage in written or verbal communication regarding			
	nt Name of Third Party Pe	rson/Agency			
Relationship to Ap	oplicant:				
□ Family Member	□ Shelter Worker	Social Worker:     Agency or Program Name			
Employer:		□ Other:			
U Written Verification (Documentation on file)		□ Verbal Verification () <i>Telephone Number of Third Party</i>			
I understand I have	the right to:				
	prization/consent by send f this authorization/conse	ling written notice to CASI- Crisis Program ent.			
Signature of Appl	licant:	Date:			

In compliance with state and federal laws, Community Action of Southern Indiana will not discriminate on the basis of race, color, national origin, age, sex, veteran's status, sexual orientation, marital status or disability or other legally protected status.