

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

Applicant's Name: _____

Source of Income (All Sources)

APPLICANT/SPOUSE'S NAME	SOURCES (1040, W-2's, pay stub, letter from employer, child support, TANF, SSI, unemployment, other: _____)	AMOUNT	FREQUENCY	ANNUALIZED AMOUNT (if weekly x52, if every 2 weeks x26, if twice per month x24, if monthly x12)
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> 2x/month <input type="checkbox"/> Monthly, <input type="checkbox"/> Yearly <input type="checkbox"/> 2 Months	\$
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> 2x/month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> 2 Months	\$
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> 2x/month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> 2 Months	\$
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> 2x/month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> 2 Months	\$
		TOTAL ANNUAL INCOME:		\$
		Income Affidavit on File: <input type="checkbox"/> yes <input type="checkbox"/> no Wage Inquiry on file: <input type="checkbox"/> yes <input type="checkbox"/> no		

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 > Than 8, add \$9,080 for each Additional person	Households with > than 8 people, add \$1513.33 for each additional person.

Veteran Services Crisis Assistance

Regular Crisis Assistance

COVID- 19

A) Certification

Applicant Certification:

I certify that I have provided to I.F.D.S. staff complete and accurate information and documentation.

Signature of Applicant: _____

Print Name: _____ Date: _____

Staff Certification:

I certify that I have reviewed all information and documentation, that the above calculations were completed accurately and to the best of my ability, and that the information on this form represents the family's situation.

Signature of Indiana Family Development Specialist: _____

Print Name: _____ Date: _____

Lead I.F.D.S. Certification (calculations and documentation verified):

Signature of Lead I.F.D.S.: _____

Print Name: _____ Date: _____

Third Party Verification-Authorization/Consent

I, _____ hereby allow the below stated

Printed Name of Applicant

persons/and or agencies and any of its employees to engage in written or verbal communication regarding my family's circumstances.

Print Name of Third Party Person/Agency

Relationship to Applicant:

☐ Family Member ☐ Shelter Worker ☐ Social Worker: _____
Agency or Program Name

☐ Employer: _____ ☐ Other: _____

☐ Written Verification (Documentation on file) ☐ Verbal Verification (_____) _____
Telephone Number of Third Party

I understand I have the right to:

1. Revoke this authorization/consent by sending written notice to CASI- Crisis Program
2. Receive a copy of this authorization/consent.

Signature of Applicant: _____ Date: _____