

Form C

INCOME WORKSHEET

CUSTOMER NAME: _____

AOSOS ID #: _____

Please list all individuals living in your house. For any individual listed who is related to you please show the gross income the individual has received (if any) in the past six (6) months and the source of that income. If the individual has zero income or not employed, please indicate if the individual is in school, unemployed, or not in the labor force, retired, etc. Any family member employed during the previous six (6) months MUST indicate the GROSS EARNINGS FOR THE PAST 6-MONTH PERIOD.

NAME	RELATIONSHIP TO CUSTOMER	AGE	DATES (6 MONTHS)	SOURCE OF INCOME	AMOUNT (\$)

TOTAL INCOME FOR PAST SIX (6) MONTHS: _____

TOTAL ANNUALIZED FAMILY INCOME: _____

FAMILY SIZE - TOTAL NUMBER IN FAMILY UNIT: _____

**POVERTY GUIDELINE or
70% LOWER LIVING STANDARD INCOME LEVEL FOR THIS FAMILY SIZE: \$** _____

CERTIFICATION: *I certify that the information provided is true to the best of my knowledge and there is no intent to commit fraud. I am also aware that eligibility is subject to review and verification and I may be required to document its accuracy. Participants are subject to immediate termination if found ineligible after enrollment. Knowingly falsifying information will subject me to prosecution for fraud. I hereby give permission to verify my income by contacting my place of employment or agency from which I received benefits.*

CUSTOMER'S SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE*: _____

DATE: _____

*Required for Customers under 18 years of age.

CERTIFIER'S SIGNATURE: _____

DATE: _____

REVIEWER'S SIGNATURE: _____

DATE: _____