

WASHTENAW COUNTY HEAD START PROGRAM

FINANCIAL VERIFICATION FORM

Child's Full Legal Name: \_\_\_\_\_ Child's D.O.B. \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Family Currently Receives:

- TANF (Temporary Assistance to Needy Families) SSI
Child Care Subsidy Child is a Foster Placement

Current Monthly Income (ALL THAT APPLY)

Income Verification

Wages Child Support Social Security SSI/Disability Pension Unemployment Other: Total
Form 1040 (signed form the previous year)
W-2 Form(s) (from previous year)
FIA Document
Pay Stub(s)
Other

Total number of persons in household.....

Total family income for: Last pay period.....\$

Last 12 months.....\$

I hereby certify that this is a true and accurate statement of all income in the above household to the best of my knowledge.

Signature of Parent/Guardian

Date

Income verified by:

USDA FOOD PROGRAM CATEGORY (CIRCLE) A B C