

INCOME

INCOME INFORMATION List the income of all ADULTS in your household who are employed.

Person Employed	Company name:	Income <u>before</u> taxes	Circle one
			monthly/yearly
			monthly/yearly
			monthly/yearly
			monthly/yearly

OTHER SOURCES OF INCOME:

Explain:		Weekly/monthly/yearly
		Weekly/monthly/yearly
		Weekly/monthly/yearly

Please read carefully before signing:

PROOF OF INCOME:

You Must Provide Proof of Income by presenting at least one of the items listed below:

- Prior year W-2
- Two most recent pay stubs
- Letter from employer
- Form 4506-T (if W-2 not filed)

For Self-employed individuals

- The most recent three months of income and expenses for the business

By signing below, I agree that **all statements made in this document are true and correct to the best of my knowledge.** I agree that MHEDS staff and/or the subsidizing entity **may contact each employer listed of all people working who reside in my home and/or may contact all agencies to confirm the income I have listed** for the purposes of verifying my eligibility for reduced fees. I agree that I will notify the MHEDS staff and update my application, if the people living in my home change, or our income changes. **I understand that if I do not provide proof of income listed or provide correct information, that I may not be eligible for reduced fees.**

Client Signature

Date

Provider Signature

Date