

THE FOLLOWING INFORMATION IS REQUIRED FOR FEDERAL PROGRAM REPORTING PURPOSES. IT WILL BE CONFIDENTIAL. **PLEASE PRINT LEGIBLY.**

## **INCOME VERIFICATION FORM**

Participant's Legal Name: \_\_\_\_\_

First

Middle Initial

Last

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

First

Middle Initial

Last

*Please answer the following two questions and sign at the bottom of the page*

1) Did you or will you file a 2016 Federal Income Tax Return?

<b>Yes</b>
Please enter your Taxable Income: \$ _____ (from Form 1040 Line 34; Form 1040A Line 27; or Form 1040 EZ Line 6)
Number of people supported by Income: _____

OR

<b>No</b>
Please check all sources earned or received in 2016 and provide details on the total received from January 2016 – December 2016
Wages/Salary                      \$ _____
Public Assistance/TANF            \$ _____
Unemployment Insurance        \$ _____
SSI                                      \$ _____
Other/Source: _____ \$ _____
Total Earned/Received from all Sources: \$ _____
Number of those supported: \$ _____

2) I hereby verify that all of the above information is true to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\*\*\* If your parent(s)/guardian(s) do not claim you on their taxes, you are not required to have a parent/guardian signature.