

VERIFICATION OF CASH INCOME
Ryan White Part B Program

I, _____, have applied for services from the NE Department of Health and Human Services Ryan White Part B program and/or the HOPWA Program.

I have stated during this verification process that I have income at this time from contract or temporary employment that does not provide me with a pay stub or payroll document. I receive this income every _____ (week, two weeks, month)

I am currently working for _____

My rate of pay is \$_____ (hourly, daily, weekly, monthly)

I understand that I must provide a copy of any payroll or paycheck documentation that I may receive to verify my statement should such documentation become available.

I verify that all statements regarding my income are true.

Signature: _____ Date: _____

Witness: _____ Date: _____

Case Manager

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| Case Manager Notes: |
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THIS VERIFICATION FORM IS ONLY VALID WHEN NO OTHER DOCUMENTATION OF INCOME IS AVAILABLE TO THE CLIENT AND DOES NOT TAKE THE PLACE OF PAYROLL DOCUMENTATION, TAX FORMS, PAYSTUBS, OR AWARD LETTERS IF AVAILABLE. THIS FORM MUST BE UPDATED QUARTERLY AND/OR WHENEVER THERE IS A CHANGE IN INCOME.