

# VERIFICATION OF INCOME

## Ryan White Part B Program

I, \_\_\_\_\_, have applied for Direct Emergency Assistance through the Ryan White Program. The United States Government requires verification of all income.

### Quarterly

\_\_\_\_ I have stated during this verification process that I **DO** have income at this time.

\_\_\_\_\_ *Place/Address of Employment*

Wage per Hour \$ \_\_\_\_\_ or Salary per Month \$ \_\_\_\_\_

\_\_\_\_ I STATE DURING THIS VERIFICATION PROCESS THAT I **DO** RECEIVE UNEMPLOYMENT AT THIS TIME IN THE AMOUNT OF \$ \_\_\_\_\_

\_\_\_\_ I state during this verification process that I **DO** receive TANF at this time in the amount of \$ \_\_\_\_\_

### Annually

\_\_\_\_ I state during this verification process that I **DO** receive SSI/SSDI at this time in the amount of \$ \_\_\_\_\_

**I understand that it is my responsibility to report any change in income, from any source, within 10 business days after such change and I verify that all statements regarding my income are true.**

**The information denoted as yearly must have form completed one time a year. The information denoted as quarterly must have client sign one time a year and must review with client quarterly.**

Signature: \_\_\_\_\_

*Applicant*

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

*Case Manager*

Date: \_\_\_\_\_

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### Reviewed By:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Case Manager*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Case Manager*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Case Manager*

