REQUIRED DOCUMENTS LIST

Please call if you have any questions regarding this documentation

INCOME

We need proof of the type and amount of all income from all sources for all members of your household. Information needed to document income may include:

Most recent three (3) check stubs showing gross pay (must include your name or Social security number) or a signed and dated statement from employer listing business address, rate of pay and average number of hours worked or expected to be worked per pay period
Verification of self-employment income (most recent tax return or profit/loss statement)
Verification of Social Security benefits
Verification of Supplemental Security Income (SSI)
Verification of unemployment benefits
Verification of pension amount (must include name and address of payer)
Verification of Welfare Assistance ***SNAP, TANF, ETC.***
Verification of child support (most recent three (3) check stubs or printout from Attorney General's office or District Clerk's office)
Verification of alimony (copy of divorce decree or statement from court)
Verification of educational grants, loans or scholarships for current school year
Signed and dated statement from any other government agencies or individuals who provide for your needs or give you money including their mailing address and telephone number

ASSETS

To document the value of assets, we need documentation of the following:

Bank statement(s) ***CHECKING, SAVINGS, OR DEBIT CARD ACCOUNTS***
Passbook savings account book(s) – Up-to-date
Certificates of Deposit or Money market funds
Statement of year to date interest earned or annual interest rate on any savings accounts, Certificates of Deposit, or money market funds
Stocks and/or bonds
Real estate market value (most recent property tax receipt)
Cash value on any life insurance policies

EXPENSES

If you are 62 years of age or older, disabled or handicapped, ***bring one year printout from each pharmacy*** for prescriptions expenses not covered by medical insurance, signed and dated statements from providers of anticipated medical, dental or optical expenses, health insurance premium verification, and verification of any agreements to make payments on such expenses incurred in the past.

If you must pay for *child care* in order to work or *attend school* (verification of your school attendance will be required), bring a signed and dated statement from the child care provider, including their name, mailing address and phone number, stating the amount you pay weekly or per day and the number of days per week.