INCOME VERIFICATION FORM

There is/are _____________ person/people in my household.

My/our gross monthly income (before taxes are taken out) is $___________.
This amount should include pensions, worker’s compensation, social security
child support, alimony or any other source of income.

PLEASE SEND APPROPRIATE VERIFICATION OF THE PAYMENTS
MENTIONED ABOVE (i.e. copies of checks, bank statement or award
letter).

I hereby attest that the information above is true and correct to the best of my
knowledge.

Any falsification of information shall be subject to an administrative fine
of up to $1,000 under RSA 437-A:6

________________________________________                __________________________________
SIGNATURE                                DATE

Are there any elderly or disabled members of this household? __________

If so, please name: ____________________________________________________