

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: _____