

Financial Assistance Receipt

Name _____

Applicant: Please fill out the following: **Applications with no verification will be returned**

Please answer the following questions:

1. How many adults live in my household _____
2. I am employed. Please circle Yes or No
3. How many adults in my household are employed _____

****If no one in your household is employed, please explain below how you are living.**

I have turned in the following verification for my financial assistance application. Please Check

_____ 1040 or transcript of non-filing - **You must turn in either a 1040 or a Transcript of non filing or your application will be returned.**

_____ income employment verification - one month of pay stubs or a letter stating your income from your employer. This is from every member in the household that is working.

_____ other forms of income

- | | | |
|-------------|--------------------|----------------------------------|
| _____ SSI | _____ food stamps | _____ veteran/retirement/pension |
| _____ ADC | _____ unemployment | _____ child support/alimony |
| _____ other | | |

_____ I completely filled out box #5 (This means that if you are receiving income, You have filled out box #5 and turned in the correct verification.)

Do not leave box 5 blank. Fill in the amounts you are receiving or your form will be returned.

_____ I have signed and dated my application