

# STATE OF IOWA VERIFICATION OF MINIMAL INCOME

For

\_\_\_\_\_ (Applicant Name)

Have you or any member of your household had income from any of these sources during the past month? If your answer is YES, please list approximate date and amount.

|                           | NO    | YES   | DATE/AMOUNT |                                      | NO    | YES   | DATE/AMOUNT |
|---------------------------|-------|-------|-------------|--------------------------------------|-------|-------|-------------|
| <b>Employment</b>         | _____ | _____ | _____       | <b>Workers Compensation</b>          | _____ | _____ | _____       |
| <b>Social Security</b>    | _____ | _____ | _____       | <b>Insurance Benefits</b>            | _____ | _____ | _____       |
| <b>SSI</b>                | _____ | _____ | _____       | <b>Rental Property</b>               | _____ | _____ | _____       |
| <b>Veterans Benefits</b>  | _____ | _____ | _____       | <b>Interest - Savings, CDs, Etc.</b> | _____ | _____ | _____       |
| <b>Military Allotment</b> | _____ | _____ | _____       | <b>Loans</b>                         | _____ | _____ | _____       |
| <b>Pension</b>            | _____ | _____ | _____       | <b>Savings</b>                       | _____ | _____ | _____       |
| <b>FIP</b>                | _____ | _____ | _____       | <b>Scholarships, Grants, Etc.</b>    | _____ | _____ | _____       |
| <b>Child Support</b>      | _____ | _____ | _____       | <b>Food Stamps</b>                   | _____ | _____ | _____       |
| <b>Alimony</b>            | _____ | _____ | _____       | <b>Relief/General Assistance</b>     | _____ | _____ | _____       |
| <b>Unemployment</b>       | _____ | _____ | _____       | <b>Friends or Family</b>             | _____ | _____ | _____       |
| <b>Strike Benefits</b>    | _____ | _____ | _____       | <b>Other</b>                         | _____ | _____ | _____       |

Please **describe how** your household has met the following basic needs during the past month.

Rent or mortgage payments: \_\_\_\_\_

Food: \_\_\_\_\_

Utility/Heating bills: \_\_\_\_\_

I certify that the information provided on this form is true and correct to the best of my knowledge. I declare that I am the only person in my household who has or will apply for this program. Any willful misrepresentation of the information on this form is subject to penalty of law. I authorize the agency processing this form to verify the information given.

|   |                                    |
|---|------------------------------------|
| <b>3rd Party Signature</b>  | <b>Date</b>                        |
| Applicant is known to me and the above information is correct. Prior to approving application the agency will contact you to verify authenticity. |                                    |
| Address _____   |                                    |
| <b>Printed name</b>   | <b>Contact information/phone #</b> |

\_\_\_\_\_  
**Applicant** **Date**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City** **State** **Zip**

\_\_\_\_\_  
**FS Initial** **Date**