

Middle Georgia Community Action Agency, Inc.

Head Start

Verification of Income & Housing

Child's Name		Center	
Parent/Guardian's Name		Date	

Income Verification

What, if any, documentation was provided to verify income? (Check answer)

<input type="checkbox"/>	Income Tax Form 1040	<input type="checkbox"/>	Written Statement from Employer
<input type="checkbox"/>	W-2	<input type="checkbox"/>	Foster Care Reimbursement
<input type="checkbox"/>	TANF Documentation	<input type="checkbox"/>	Social Security Documentation
<input type="checkbox"/>	Pay Stub or Pay Envelopes	<input type="checkbox"/>	Supplemental Security Documentation
<input type="checkbox"/>	Unemployment Statement	<input type="checkbox"/>	I have no income
<input type="checkbox"/>	Other, please explain:		

Housing Verification

Is family homeless? (Does family lack a fixed, regular, and adequate nighttime residence)

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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If family is homeless, please check the most accurate housing situation:

<input type="checkbox"/>	Motel/Hotel	<input type="checkbox"/>	Abandoned Building
<input type="checkbox"/>	Car, Vehicle, Etc.	<input type="checkbox"/>	Temporary Housing
<input type="checkbox"/>	Public Space, Park, Etc.	<input type="checkbox"/>	Shelter
<input type="checkbox"/>	Camping Ground		
<input type="checkbox"/>	Other, please describe:		

Verifying Signatures

I		I certify that that all information on this form is true. If any part is false, my participation in this agency's program may be terminated and I may be subject to legal action.
	(Print Parent/Guardian's Name)	
		I have verified to the best of my ability that ALL statements made above are true and accurate.
	(Parent/Guardian's Signature)	
I		
	(Print Verifying Staff Member's Name)	
	(Verifying Staff Member's Signature)	

