

## Income Verification Table

### Household Information

HH #	Name	Last Name	Relationship to Head of Household	Date of Birth
1			HEAD	
2				
3				
4				
5				
6				

### Income Information

*Please enter each household member's income for the full year for each category. You do not need to include employment or wage income from anyone under the age of 18. You will need to bring documentation or proof of each form of income listed below to your income verification meeting.*

HH #	(A) Annual Income from Employment or Wages	(B) Annual Income from Social Security (SSI, SSDI, SSI) or Pensions	(C) Annual Income from Public Assistance	(D) Annual Income from Other Sources	If you included income from "Other Sources," please write the source(s) in this column.
1	\$	\$	\$	\$	
2	\$	\$	\$	\$	
3	\$	\$	\$	\$	
4	\$	\$	\$	\$	
5	\$	\$	\$	\$	
6	\$	\$	\$	\$	
	\$	\$	\$	\$	
<b>Total</b>					

If you need help completing this form, please contact Emily Bloom-Carlin at [Emily.Bloom-Carlin@icchicago.com](mailto:Emily.Bloom-Carlin@icchicago.com) or (312) 870-9945.