

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 30 days? If your answer is YES, please list approximate date and amount.

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

Please describe how your household has met the following basic needs during the past 30 days.

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.

Applicant

Date

Address