

## ESHAP Annual Income Verification

**Income** is money or contributions paid to or for, a family member. Please provide the income expected for the coming 12 months for all family members, **using the lists below** of income and asset sources to help you.

**SOME EXAMPLES OF INCOME SOURCES:**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>- Employment wages, including tips</li> <li>- State Supplement from DHHS</li> <li>- Child Support payments</li> <li>- TANF from DHHS</li> <li>- Self-Employment Income, Income from a business you own</li> <li>- Alimony payments</li> </ul> | <ul style="list-style-type: none"> <li>- Support from family or friends</li> <li>- Educational Grants &amp; Scholarships</li> <li>- Disability Income</li> <li>- Pensions, retirement accounts</li> <li>- General Assistance payments</li> <li>- Unemployment compensation</li> </ul> |
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**My household currently has no source of income (include Zero Income form)**

<b>Household Member:</b>				
<b>Name of Income Source:</b>				
<b>Contact Information:</b>				
<b>Amount Earned:</b>	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
<b>Household Member:</b>				
<b>Name of Income Source:</b>				
<b>Contact Information:</b>				
<b>Amount Earned:</b>	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
<b>Household Member:</b>				
<b>Name of Income Source:</b>				
<b>Contact Information:</b>				
<b>Amount Earned:</b>	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
<b>Household Member:</b>				
<b>Name of Income Source:</b>				
<b>Contact Information:</b>				
<b>Amount Earned:</b>	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly

Attach to this form all documentation of income; pay stubs, bank statements, benefit letters etc.  
 Include at least 6 weeks of verification documentation.