

## REQUIRED VERIFICATIONS

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### YOUR APPOINTMENT IS SCHEDULED FOR: \_\_\_\_\_

You must provide the following verification/documentation at this appointment  
or assistance may be delayed or denied:

\_\_\_\_\_ Completed Application Form

\_\_\_\_\_ Rental Verification Form

\_\_\_\_\_ Last four weeks pay-stubs or other proof of net wages

\_\_\_\_\_ Last four week's receipts or other proof of bills paid or currently due

\_\_\_\_\_ Employment verification form from your employer

\_\_\_\_\_ Employment termination form from your last employer

\_\_\_\_\_ You have applied for / are receiving Social Security benefits

\_\_\_\_\_ You have applied at the HHS District Office for:

☐ Emergency Food Stamps

☐ Food Stamps

☐ TANF

☐ Title XX Daycare

☐ APTD/MA

☐ OAA

☐ TANF Emergency Assistance

\_\_\_\_\_ You have applied for / are receiving Fuel Assistance benefits

\_\_\_\_\_ Verification of injury or illness

\_\_\_\_\_ You have applied for / are receiving Unemployment Compensation

\_\_\_\_\_ If available, picture ID (Adults); Birth certificate/SS card (minors)

\_\_\_\_\_ Vehicle registration

\_\_\_\_\_ Savings and checking account, liquid asset statements, bankbooks

\_\_\_\_\_ Statement child support payments received / Child support court order

\_\_\_\_\_ Statement from room-mate(s) regarding division of expenses

Other: \_\_\_\_\_

I understand that failure to provide the indicated information may result in delay and/or denial of my request for assistance. I understand that if approved for assistance I may be required to do a job search.

\_\_\_\_\_  
Welfare Official signature

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date