

Household Income Verification and Benefits Intake Form

Household Information

Head of Household Name:

Address:

Phone Number:

Email:

Number of Household Members:

Income Details

Income Source 1:

Monthly Amount (\$):

Income Source 2:

Monthly Amount (\$):

Total Monthly Household Income (\$):

Benefits Information

Currently Receiving Benefits? (please list):

Interested in Applying For (check all that apply):

- SNAP
- WIC
- Medicaid
- Other

Signature:

Date:

Submit