

# 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