



To complete your **INTAKE OR RECERTIFICATION** you must upload the **required** documentation for all family members. **Documentation and/or verification of income must be dated within the past sixty (60) days!**

#### **EMPLOYMENT**

- Self-Employment (*1040 Tax Forms*)- last 3 years
- Wages from Employment (*4-6 Check Stubs for each employer*)
  - Overtime Pay
  - Fee or Tips
  - Workers Compensation
- Commissions
- Bonuses
- Severance/Termination Pay
- Wages from Federal Government Employment (*4-6 Check Stubs*)
- Wages from Public Housing Authority Employment (*4-6 Check Stubs*)
- Unemployment Compensation (*4-6 history statements*)
- Military / Reserve Pay (*4-6 Check Stubs*)

#### **WELFARE**

- TANF (*Current Printout, all pages*)
- Food Stamps (*Current Printout, all pages*)
- Pension or Retirement Benefits (*4-6 Check Stubs or Current Statement*)
- SSI (*Current Printout, all pages*)
- SS (*Current Printout, all pages*)
- Child Support (*4-6 Check Stubs / Current Printout*)

#### **ZERO INCOME**

- Notarized letter from the person(s) providing cash assistance
  - Must show a written dollar amount

#### **OTHER**

- Medical Reimbursements (*Check Stub / Statement*)
- Foster Care Payments (*4-6 Check Stubs / Statement*)
- Adoption Assistance Payments (*4-6 Check Stubs / Statement*)
- Work Study Employment (*Statement from Employer*)
- Student Financial Assistance (*Statement*)
- Scholarships (*Statement*)
- Energy Assistance Payments (*Statement*)
- Agent Orange Settlements (*Check Stub / Statement*)
- Earned Income Credit (*Tax Return*)

#### **FOR ELDERLY AND/OR DISABLED FAMILIES ONLY**

In order to receive a medical deduction, you **MUST** upload the following:

- Copies of receipts / printouts / cancelled checks showing **PAYMENTS** on medical bills
- Printout for prescriptions for the past year (*individual receipts NOT acceptable*)
- Proof of amount paid for Medicare Deduction (*on Social Security printout*)
- Proof of amount paid for Medicare prescription drug plan (*on Social Security printout*)
- Health Insurance Payments (*Cancelled Checks / Statement / Payment Book*)

#### **ASSETS**

- Copy of most recent **Bank Statement** (*for each household members -all pages*  
*You may need to contact bank on back of **cash transfer cards** account to **obtain print out***)
- Stocks, Bonds, Trusts, and Other Investments (*statement of value of investment and information*) *Certificate of Deposits, IRA, KEOGH accounts and 401 K etc.*
- Life Insurance Policies (*all pages*)

#### **INFORMATION ABOUT FAMILY MEMBERS**

- Birth certificates (all are required at Intake and when adding a new family member)
- Social Security Card (all are Intake and when adding a new family member)
- Current Drivers License and/or Identification Card for all members over the age of 18

continue

### **EXPENSES**

- Childcare expenses (**only applies to payment that are not reimbursed by an agency or individual**). Must have complete statement, including name, address, telephone number of child care provider.
- Disability expenses – must have complete statement, including name, address, telephone number of provider.

### **UTILITY EXPENSE**

- NIPSCO - must be uploaded if you are currently leased under our voucher (all recertifications) **unless your landlord included this amount in your monthly rent.**
- Water/ Sewer- must be uploaded if you are currently leased under our voucher (all recertifications) **unless your landlord included this amount in your monthly rent.**

### **FULL or PART TIME STUDENTS**

- 18 + (**family member**)
  - Copy of Class Schedule
  - Name of School
    - Contact information
- 18+ (**applicant**)
  - Proof of Enrollment
  - Name of School
    - Contact information
    - Tuition Cost
    - Grants Scholarship/ Awards (full statement)

### **LEASE**

**For applicants ONLY - All pages of the lease are required! Or a notarized statement from the HOMEOWNER NOT RENTER!**