

Connecticut Partnership for Children, Inc.
Annual "Helping Hands, Warming Hearts" Winter Sponsorship Program

INCOME VERIFICATION FORM

This form verifies that the _____ family consists of
_____ adults and _____ children living in the household.

The following includes all sources of household income:

Full time employment Gross monthly total \$ _____

Part time employment Gross monthly total \$ _____

Unemployment Gross monthly total \$ _____

Social Security/Disability Monthly Amount \$ _____

Food Stamps Monthly Amount \$ _____

Cash assistance Monthly Amount \$ _____

Housing Assistance Monthly Amount \$ _____

Child Support Weekly Amount \$ _____

WIC

Husky

I, _____, verify that this family is in need of the services provided by this program. I certify that, to the best of my knowledge, the above information is complete and accurate.

Signature

Date

Agency

Title