**PROVIDE COPIES OF THE INFORMATION BELOW**

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

* Birth Certificates for you and all household members
* Social Security Cards **FRONT AND BACK** for you and all household members
* Form I-94 or Green Card **FRONT AND BACK**  if born outside of the United States
* Picture ID for you and all adult household members

IF **YOU OR ANY** MEMBER OF YOUR HOUSEHOLD RECEIVE ANY OF THE FOLLOWING PROVIDE COPIES OF THE DOCUMENTATION BELOW

* Social Security or Supplemental Security Award Letter **(DATED WITHIN LAST 90 DAYS)**
* Employment **(PROVIDE LAST 4 CHECK STUBS AND LETTER FROM EMPLOYER STATING YOUR 1)DATE OF HIRE, 2)RATE OF PAY AND 3)NUMBER OF SCHEDULED HOURS)**
* VA Benefits **(DATED WITHIN LAST 90 DAYS)**
* Pension **(PROVIDE VERIFICATION OF PAYMENTS DATED WITHIN LAST 90 DAYS)**
* Unemployment **(PROVIDE UNEMPLOYMENT COMPENSATION INCOME VERIFICATION DATED WITHIN LAST 90 DAYS)**
* If self-employed or own a business **(PROVIDE A COPY OF YOUR MOST RECENT TAX RETURN)**
* Child Support **(PROVIDE CASE ID NUMBER AND 6 MONTH PRINTOUT)**
* Proof of DHS Benefits **(DATED WITHIN LAST 90 DAYS)**
* IF SOMEONE GIVES YOU MONEY **(PROVIDE A SIGNED LETTER FROM THE PERSON WITH THE AMOUNT THEY GIVE YOU, FREQUENCY OF PAYMENTS AND CONTACT INFORMATION)**
* OTHER INCOME **(PROVIDE PROOF OF ANY OTHER INCOME YOU RECEIVE DATED WITHIN LAST 90 DAYS)**
* **PROVIDE PROOF OF ALL ASSETS SUCH AS CHECKING AND SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, REAL ESTATE, STOCKS, BONDS, ANNUITIES**
* Elderly or Disabled household member: If the head of household or spouse is 62 or older or if your family includes a member who is disabled, supply the source and proof of medical or disability expenses paid **(PROVIDE LAST 12 MONTH PRINTOUT FROM PHARMACY, RECURRING MEDICAL BILLS WHERE PAYMENTS WERE MADE, ETC)**
* If you pay for child care for children age 12 and UNDER ONLY **(PROVIDE NAME AND ADDRESS OF CHILDCARE PROVIDER AND PROOF OF PAYMENTS)**