

## VERIFICATION OF OTHER INCOME

Case/APP ID Number \_\_\_\_\_ Date \_\_\_\_\_

**A. AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize release of any and all information requested below concerning myself and my household members to the Arizona Department of Economic Security.

Household Member's Name (*Last, First, M.I.*) \_\_\_\_\_

Household Member's Signature (*Last, First, M.I.*) \_\_\_\_\_

Signed release attached. A photocopy or fax of a client's signature shall be treated as an original signature.

Definitions needed to complete this form on page two. If more room is needed, please attach a separate sheet.

**B. CASH GIFTS, LOANS, OR CASH CONTRIBUTIONS**

Complete this section if you provide the household member with Cash Gifts, Loans, or Cash Contributions.

WHO DO YOU GIVE MONEY TO?	TYPE (SEE LIST ON PAGE 2)	HOW OFTEN?	WILL YOU CONTINUE TO GIVE THIS MONEY?	WHAT IS THE CASH INTENDED FOR? (SEE LIST ON PAGE 2)

Please list the dates and amounts you provided the household member with income for the following timeframe:

\_\_\_\_\_ to \_\_\_\_\_

DATE	AMOUNTS	DATE	AMOUNTS

**C. VENDOR PAYMENTS**

Complete this section if you are paying for any of the household member's bills directly to a third-party vendor (*Utilities, Shelter Expenses, Phone bill, etc.*)

TYPE OF EXPENSE	NAME OF THE COMPANY	NAME OF THE PERSON BILLED	AMOUNT	HOW OFTEN?	HOW LONG HAVE YOU BEEN PAYING THIS BILL?	WILL YOU CONTINUE TO PAY THE EXPENSE?

**D. IN-KIND INCOME**

Complete this section if the household member works in exchange for food, rent/shelter, or other needs and does not receive monetary compensation for the work performed.

WHO DOES THE WORK?	NUMBER OF HOURS WORKED PER WEEK	WHAT EXPENSE(S) DOES THE WORK COMPLETED COVER	WHAT IS THE DOLLAR VALUE OF THE WORK PERFORMED FOR EACH ITEM/SERVICE?	HOW LONG HAS THIS ARRANGEMENT BEEN GOING ON?	WILL THIS ARRANGEMENT CONTINUE?

**SIGNATURE OF PERSON COMPLETING FORM**

This section is to be completed by the person who is providing the income.

Print Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to the Household Member \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TYPES OF INCOME**

- I. Cash Gifts: Monies given to the participant that are not expected to be repaid.
- II. Loans: Monies loaned from private individuals and/or commercial institutions.
- III. Cash Contributions: Monies received from an organization, agency, relative or nonparticipant intended to cover cost of items such as Food, Rent/Shelter/Mortgage, Utilities, Household Supplies, Clothing, Transportation, and Personal Care Items.
- IV. In-kind Income: The value of work performed by the participant in exchange for meals, clothing, housing/shelter, and produce from a garden. No monetary payment is made on behalf of the budgetary unit.
- V. Vendor Payment: Money that is not paid directly to the participant but is paid to a third party for the budgetary unit's expenses.

**TYPE OF ITEMS THE INCOME IS INTENDED COVER**

- I. Shelter: Rent, Mortgage, Insurance, Space Rent
- II. Utilities: Electric, Gas or Propane, Water, Garage -Sewer-Trash, Other Utilities
- III. Food
- IV. Clothing
- V. Personal Products
- VI. Other Please specify

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