

AFFIDAVIT OF VISUALLY VIEWED DOCUMENTATION

Case Name: _____

HEAplus Application ID: _____ AZTECS Case Number: _____

PERMANENT VERIFICATION

Driver's License Birth Certificate Visa US Passport State ID Card SSN Card

Resident Alien Card (*Lawful Permanent Resident card, voter registration card, certificate of naturalization, employment authorization card, I-94 Refugee Travel Documents, etc.*)

Name on Document: _____ Certificate/ID Number: _____

Date (*Birth/Issued*): _____ Expiration Date (*if any*): _____

Other Information: _____

INCOME INFORMATION

Employment Unemployment Worker's Compensation Veteran's Benefits Gifts or Loans

Social Security (*SSI, SSDI, SSRE, etc.*) Child Support Temporary Disability Insurance

Interest Earned

Participant Receiving Income: _____

Employer's Name (*if Employment*): _____ Employer's Phone/Fax Numbers: _____

Status of Income: _____ Frequency (*ac, wk, bw, sm, mo*): _____ 30 Day Period: _____

DATE	GROSS AMOUNT	BONUS, TIPS, ETC. / AMOUNT	COMMENTS

EXPENSES

TYPE OF EXPENSE	COMPANY NAME	AMOUNT BILLED
Rent/Mortgage		
Insurance (<i>Home/Renter's</i>)		
Electric		
Gas/Propane		
Water		
Garbage/Sewer/Trash		
Telephone		
Childcare		
Other		

ADDITIONAL DOCUMENTATION

As the Department Representative, I attest that the information provided here is correct to the best of my knowledge.

Worker's D0 Number: D0 _____ Date: _____ Site Code: _____ Mail Drop: _____

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