

MONETA ♦ POINTE

INCOME VERIFICATION FORM

Head of Household: _____

Address: _____

Telephone Number/Home: _____ Work: _____

Date of Birth: _____ SS# _____

Household Composition

Name	Sex	Age	Dependant Yes/No	Social Security #

List additional household members on a separate sheet of paper.

Monthly Gross Income*

Part 1 - Earned Income	Head of Household	Other Household Members	Total
1. Gross amount, before payroll deductions of wages, salaries, overtime pay, commissions, fess, tips and bonuses			
2. Net income from business			
3. Social security, annuities, insurance policies, pension/retirement funds, disability or death benefits received periodically			
4. Payment in lieu of earning, such as unemployment and disability compensation, worker's compensation and severance pay			
5. Public assistance, welfare payments			
6. Alimony, child support, other periodic allowances			
7. Regular pay, special pay and allowances of members of Armed Forces			
8. Other (describe)			
SUB-TOTAL EARNED INCOME			

Monthly Gross Income - Continued

Part 2 - Investment Income			
	Head of Household	Other Household Members	Total
1. Income from real property (i.e. rental property)			
2. Interest paid on Bank and Savings Accounts			
3. Dividends and other payments from stocks and bonds			
4. Other (describe)			
SUB-TOTAL INVESTMENT INCOME			

*Note: The following items are not considered income: casual or sporadic gifts; amounts specifically for or in reimbursement of medical expenses; lump sum payments such as inheritances, insurance payments, capital gains and settlement for personal or property losses; educational scholarships paid directly to the student or educational institution; special pay to a serviceman head of family away from home and under hostile fire; relocation payments under federal, state or local law; foster child care payments; value of coupon allotments for purpose of food under Food Stamp Act of 1964 which is in excess of amount actually charged the eligible household; payments received pursuant to participation in the following programs; VISTA, Service Learning Programs, and Special Volunteer Programs, SCORE, ACE, Retired Senior Volunteer Program, Foster Grandparent Program, Older American Community Service Program, and National Volunteer Program to Assist Small Business Experience.

Assets**

Assets**					
Sources of Assets	Head of Household	Does this asset generate income? If yes, specify in Part 1 - Investment Income above. If no, Write N/A.	Other Household Members	Does this asset generate income? If yes, specify in Part 2 - Investment Income above. If no, write N/A.	Total
1. Equity in Real Property (other than household's full-time residence)					
2. Bank & Savings Accounts					
3. Stocks & Bonds					
4. Other (describe)					
SUB-TOTAL					

**Note: If total value of household assets exceeds \$5,000, income shall include the greater of (i) the actual amount of income, if any, derived from all of the household assets, or (ii) 10 percent of the value of all such assets.

***Note: Necessary items used for personal use are excluded from household assets. Collections of items for hobby, investment or business purposes must be included in household assets.

Calculation of Household's Annual Gross Income

Does the Household's TOTAL ASSET VALUE exceed \$5,000? yes no

If yes, skip to 2, below:

1. If no, the Household's ANNUAL GROSS INCOME =
ANNUAL GROSS EARNED INCOME + ANNUAL GROSS INVESTMENT INCOME

_____ + _____ = \$ _____
ANNUAL GROSS INCOME

2. If yes, calculate 10% x TOTAL ASSET VALUE = \$ _____

Circle the greater of;

(i) Household's ANNUAL GROSS INCOME = \$ _____, or

(ii) 10% of Household's TOTAL ASSET VALUE = \$ _____,

The Household's ANNUAL GROSS INCOME = the number circled above

[GREATER of (10% TOTAL ASSET VALUE)
OR (ANNUAL GROSS INVESTMENT INCOME)] + ANNUAL GROSS
EARNED INCOME

_____ + _____ = \$ _____
ANNUAL GROSS INCOME

Documentation

Attached are true copies of the following:

- | | |
|--|--|
| <input type="checkbox"/> Paycheck stubs from two most recent pay periods | <input type="checkbox"/> Bank/savings account verification |
| <input type="checkbox"/> Employment verification | <input type="checkbox"/> Self-employment verification |
| <input type="checkbox"/> Income tax return | <input type="checkbox"/> Unemployment verification |
| <input type="checkbox"/> Social security verification | <input type="checkbox"/> Welfare verification |
| <input type="checkbox"/> Alimony/child support verification | <input type="checkbox"/> Disability verification |
| <input type="checkbox"/> Other (describe: _____) | |