

DEPARTMENT OF COMMUNITY AFFAIRS

Verbal Verification Form

Head of Household Name _____

Household Member _____

Verified: _____ In Person _____ By Phone (Number) _____

Name of Contact Person _____

Title _____

Name of Company _____

Check source of income verifying:

- | | | |
|--|-----------------------------|-------------------|
| <input type="checkbox"/> Social Security | \$ _____ per month | |
| <input type="checkbox"/> SSI | \$ _____ per month | |
| <input type="checkbox"/> Veteran's Benefits | \$ _____ per month | |
| <input type="checkbox"/> Military Pay | \$ _____ per month | |
| <input type="checkbox"/> Pension | \$ _____ per month | |
| <input type="checkbox"/> TANF | \$ _____ per month | |
| <input type="checkbox"/> Child Support | \$ _____ per month/week | |
| <input type="checkbox"/> Alimony | \$ _____ per month/week | |
| <input type="checkbox"/> Gifts/Contributions | \$ _____ per month/week | |
| <input type="checkbox"/> Asset <input type="checkbox"/> Checking | \$ _____ Current Value | |
| <input type="checkbox"/> Asset <input type="checkbox"/> Savings | \$ _____ Current Value | |
| <input type="checkbox"/> Workers Comp | \$ _____ per month | Start Date: _____ |
| <input type="checkbox"/> Unemployment Benefits | \$ _____ per week/month | Start Date: _____ |
| <input type="checkbox"/> Whole Life Insurance | \$ _____ Cash Value | |
| <input type="checkbox"/> Retirement Account | \$ _____ Cash Value | |
| | \$ _____ Anticipated Income | |
| <input type="checkbox"/> Investment Account | \$ _____ Cash Value | |
| Type: _____ | \$ _____ Anticipated Income | |

Employment Information:

\$ _____ per hour _____ hours per week _____ weeks per year Start Date: _____
Employer's Name: _____ Employer's Phone #: _____
Employer's Address: _____

Notes:

DCA Representative Signature Date Time am/pm