

FORM F

REQUIRED VERIFICATIONS

Applicant Name: _____ Date: _____

Social Security Number: _____

Date of Birth.: _____

Address: _____

Phone: _____

YOUR APPOINTMENT IS SCHEDULED FOR: _____

You must provide the following verification/documentation at this appointment
or assistance may be delayed or denied:

- _____ Completed Application Form A
- _____ Rental Verification Form J and copy of any written lease agreement
- _____ Last four weeks pay-stubs or other proof of net wages for all adult members of household
- _____ Last four week's receipts or other proof of bills paid or currently due, utility disconnect notices
- _____ Employment verification Form I from your employer
- _____ Employment termination Form I from your last employer
- _____ You have applied for / are receiving Social Security benefits
- _____ You have applied at the HHS District Office for:
 - ☐ Emergency Food Stamps ☐ SNAP (Food Stamps) ☐ TANF
 - ☐ Title XX Daycare ☐ APTD/MA ☐ OAA
 - ☐ TANF Emergency Assistance ☐ Medical
- _____ You have applied for / are receiving Fuel Assistance benefits
- _____ Verification of injury or illness Form H
- _____ You have applied for / are receiving Unemployment Compensation
- _____ If available, picture ID (Adults); Birth certificate/SS card (minors)
- _____ Vehicle registration
- _____ Savings and checking account, liquid asset statements, bank/debit card account printout
- _____ Statement child support payments received / Child support court-ordered payments made
- _____ Statement from room-mate(s) regarding division of expenses

Other: _____

I understand that failure to provide the indicated information may result in delay and/or denial of my request for assistance, and I understand that if approved for assistance I may be required to do a job search and participate in workfare.

Lori Sadewicz, Welfare Staff Signature

Applicant Signature