



# HOUSEHOLD SEWAGE TREATMENT SYSTEM REPAIR/REPLACEMENT PROGRAM

## Proof of Income

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell/Other: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**TOTAL HOUSEHOLD GROSS INCOME (before deductions).** List all income on the same line as the person who receives it.  
**INCLUDE INCOME VERIFICATION WITH APPLICATION.**

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED		
	Earnings from work before deductions	Monthly	All Other Income (indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
	\$ _____	<input type="checkbox"/>	\$ _____ / _____
	\$ _____	<input type="checkbox"/>	\$ _____ / _____
	\$ _____	<input type="checkbox"/>	\$ _____ / _____
	\$ _____	<input type="checkbox"/>	\$ _____ / _____
	\$ _____	<input type="checkbox"/>	\$ _____ / _____

**Must Provide Proof of Income by all household members earning income including the following documents:**

- 2017 W-2**
- Four (4) consecutive weeks of pay stubs, stub must reflect year-to-date earnings.**
- Monthly Social Security, Disability, Pension, and/or Unemployment if applicable.**

**Office Use Only**

Total Income: \_\_\_\_\_ Per:  Month  Year Denied: \_\_\_\_\_ Approved: \_\_\_\_\_

Reason: \_\_\_\_\_ Approval Level: \_\_\_\_\_

Manager/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_