



# TANF MONTHLY INCOME VERIFICATION FORM

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**Client's Name** **DOB** **SSN#**

\_\_\_\_\_

**Staff Name** **Title** **Agency**

**TO BE COMPLETED MONTHLY FOR TANF DIVERSION FAMILIES (TDF):**

DATE VERIFIED	MONTHLY INCOME	PROOF OF INCOME COLLECTED	INCOME CHANGE	MEETS TANF ELIGIBILITY	STAFF INITIAL	CLIENT INITIAL
		<input type="checkbox"/> Paystub <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Income to document Reason: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		By initialing I acknowledge that information is accurate.
		<input type="checkbox"/> Paystub <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Income to document Reason: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		By initialing I acknowledge that information is accurate.
		<input type="checkbox"/> Paystub <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Income to document Reason: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		By initialing I acknowledge that information is accurate.
		<input type="checkbox"/> Paystub <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Income to document Reason: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		By initialing I acknowledge that information is accurate.
		<input type="checkbox"/> Paystub <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Income to document Reason: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		By initialing I acknowledge that information is accurate.