

True Blessings NPO
Financial Eligibility Form

Client Name: _____

Client ID Number: _____

Number in household: _____

This is to certify the income status for the above individual and determine service eligibility. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions
- The net income of earned from the operation of a personal business
- Monthly interest accrued in ones' bank account and available for use
- The monthly payment of benefits such as;
 - Tanf
 - Food Stamps
 - SSI
 - Unemployment
 - Disability compensation
 - Workers compensation
 - Military benefits
 - Child Support
 - Foster care payments

Please check a box and complete only the section of the box checked

_____ I certify under the penalty of perjury that I am receiving the following income:

| | | |
|---------------|---------------|------------------|
| Source: _____ | Amount: _____ | Frequency: _____ |
| Source: _____ | Amount: _____ | Frequency: _____ |
| Source: _____ | Amount: _____ | Frequency: _____ |
| Source: _____ | Amount: _____ | Frequency: _____ |
| Source: _____ | Amount: _____ | Frequency: _____ |
| Source: _____ | Amount: _____ | Frequency: _____ |

_____ I certify under the penalty of perjury that I am not receiving ANY source of income

Please attach all corresponding documents pay stubs, benefit award letters, bank statements, etc.

Client Signature: _____ Date: _____

Case manager signature: _____ Date _____

*Notice to all clients: Services rendered are subject to financial resource eligibility. A client's inability to pay for a service does not disqualify that individual from service. Certain services rendered will require small fees and client will be notified of fee PRIOR to service being rendered.