



185 E Main, Suite 303
Benton Harbor, MI
49022-4432

Tel: (269) 925-9077

Fax: (269) 934-8242
contact@smcaa.com

Southwest Michigan Community Action Agency



HELPING PEOPLE. CHANGING LIVES
Serving Berrien, Cass, and Van Buren Counties

INCOME WORKSHEET

CAA Name: Southwest Michigan Community Action Agency

CAA Phone: 269-925-9077

CAA Website: www.smcaa.com

Applicant Name: _____ Date of Application: _____
Physical Address: _____ City/State/Zip: _____

Income Verification Period: From- _____ To- _____

1. NON-EARNED INCOME (Gross TANF, VA, SS, SSI, Pension, Annuity, Unemployment)

Household Member	Source	Amount	Frequency	1 Month	3 Months	12 Months
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$

2. EARNED INCOME (Gross Wages, Self-Employment, Rental Income, Odd Job Income)

Household Member	Employer	Employment Dates	1 Month	3 Months	12 Months
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

3. MISCELLANEOUS INCOME (Gross Interest, Dividends, Child Support, Alimony, Worker's Comp, Other)

Household Member	Source	Amount	Frequency	1 Month	3 Months	12 Months
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$

4. ZERO INCOME (The following adult Household members living in the residence had zero income during one or more of the month(s) of the Income Verification Period specified above.)

Household Member	Date/Place of Last Employment	Date Unemployment Last Received	OR Full Time Student At

4a. If the Household has zero income how are basic living expenses being paid? (e.g., housing, food, transportation, etc.) (Examples of sources: gifts, loans, self-employment, etc.)

Source	Frequency	1 Month	3 Months	12 Months
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

5. CHILD SUPPORT DEDUCTION (Gross Court ordered child support paid by a Household member may be deducted from income)

Household Member	Frequency	1 Month	3 Months	12 Months
		\$	\$	\$
		\$	\$	\$

6. NOTES (If additional space is needed, attach separate sheet.)

Under penalty of perjury, I certify that the information I gave is true, correct, and complete to the best of my knowledge. If I have knowingly given false, misleading or incomplete information, I understand I may be subject to criminal prosecution, liable to Southwest Michigan Community Action Agency for repayment of any benefits received, and/or risking my future eligibility for benefits.

Primary Applicant Signature/Date

Certifier Signature/Date

