



Southwest Michigan Community Action Agency

SERVING BERRIEN, CASS, AND VAN BUREN COUNTIES

Helping People. Changing Lives.



185 E. Main St., Suite 303
Benton Harbor, MI 49022

Tel: (269) 925-9077
Fax: (269) 934-8242
contact@smcaa.com
www.smcaa.com

Document Verification Form

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

Instructions: If a photocopier or scanner is not available, the CAA intake worker will use the Document Verification Form to describe the documentation that was reviews, and to record the appropriate information.

PRIMARY APPLICANT – Valid government-issued, photo identification card:

Type of ID: _____	Expires: _____	ID #: _____
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SOCIAL SECURITY NUMBER VERIFICATION

Household Member	Documentation	SSN

INCOME VERIFICATION

Household Member	Pay Date	Type of Income	Gross Pay or YTD	Frequency	Documentation
			\$		
			\$		
			\$		
			\$		

COURT-ORDERED CHILD SUPPORT VERIFICATION – (Payments made by an Applicant)

Child Support Order				Proof of Payment	
Household Member	Amt Ordered	Frequency	Documentation	Amount Paid	Documentation
	\$			\$	
	\$			\$	

Total Amount of Household Income: \$ _____

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

CAA Intake Signature/Date

