

ACCOUNT NUMBER	ELIGIBLE INDIVIDUAL:
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INCOME SUMMARY 2009

TYPE OF INCOME (e.g.,wages):	PAYER:
INCOME RECEIVED BY (NAME AND A/N):	TAKEN FROM (e.g., pay stubs):

JANUARY 2009

FEBRUARY 2009

	GROSS WAGES	CAFETERIA PLAN DED.	CHILD SUPPORT	OTHER		GROSS WAGES	CAFETERIA PLAN DED.	CHILD SUPPORT	OTHER
<u>S M T W TH F S</u>					<u>S M T W TH F S</u>				
1 2 3	\$ _____	_____	_____	_____	1 2 3 4 5 6 7	\$ _____	_____	_____	_____
4 5 6 7 8 9 10	_____	_____	_____	_____	8 9 10 11 12 13 14	_____	_____	_____	_____
11 12 13 14 15 16 17	_____	_____	_____	_____	15 16 17 18 19 20 21	_____	_____	_____	_____
18 19 20 21 22 23 24	_____	_____	_____	_____	22 23 24 25 26 27 28	_____	_____	_____	_____
25 26 27 28 29 30 31	_____	_____	_____	_____					
MONTHLY TOTALS:	\$ _____	_____	_____	_____	MONTHLY TOTALS:	\$ _____	_____	_____	_____
YEAR-TO-DATE TOTAL:		\$ _____			YEAR-TO-DATE TOTAL:		\$ _____		

MARCH 2009

APRIL 2009

	GROSS WAGES	CAFETERIA PLAN DED.	CHILD SUPPORT	OTHER		GROSS WAGES	CAFETERIA PLAN DED.	CHILD SUPPORT	OTHER
<u>S M T W TH F S</u>					<u>S M T W TH F S</u>				
1 2 3 4 5 6 7	\$ _____	_____	_____	_____	1 2 3 4	\$ _____	_____	_____	_____
8 9 10 11 12 13 14	_____	_____	_____	_____	5 6 7 8 9 10 11	_____	_____	_____	_____
15 16 17 18 19 20 21	_____	_____	_____	_____	12 13 14 15 16 17 18	_____	_____	_____	_____
22 23 24 25 26 27 28	_____	_____	_____	_____	19 20 21 22 23 24 25	_____	_____	_____	_____
29 30 31	_____	_____	_____	_____	26 27 28 29 30	_____	_____	_____	_____
MONTHLY TOTALS:	\$ _____	_____	_____	_____	MONTHLY TOTALS:	\$ _____	_____	_____	_____
YEAR-TO-DATE TOTAL:		\$ _____			YEAR-TO-DATE TOTAL:		\$ _____		

Social Security Certification: I have personally examined the documents submitted and certify by my signature below, their contents. All the entries (except monthly totals) are exact excerpts from those documents.	
Signature:	Date: