ACCOUNT NUMBER ELIGIBLE INDIV		VIDUAL:			
		INCOME SUN	MMARY 2006		
TYPE OF INCOME (e.g.,wages):			PAYER:		
INCOME RECEIVED BY (NAME AND A/N):			TAKEN FROM (e.g., pay stubs):		
SEPTEMBER 2006		OCTOBER 2006			
S M T W TH F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 MONTHLY TOTALS: YEAR-TO-DATE TOTAL:	GROSS CAFETERIA CH WAGES PLAN DED. SUI	ILD OTHER PPORT OTHER	S M T W TH F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 MONTHLY TOTALS: YEAR-TO-DATE TOTAL:	GROSS CAFETERIA CHILD SUPPORT \$	OTHER
NOVEMBER 2006			DECEMBER 2006		
S M T W TH F S 1 2 3 4 5 6 7 8 9 10 11	GROSS CAFETERIA CH WAGES PLAN DED. SU	OLD OTHER PPORT	S M T W TH F S 1 2 3 4 5 6 7 8 9	GROSS CAFETERIA CHILD SUPPORT \$	OTHER

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