

ACCOUNT NUMBER	ELIGIBLE INDIVIDUAL:
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INCOME SUMMARY 2007

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

SEPTEMBER 2007

OCTOBER 2007

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

NOVEMBER 2007

DECEMBER 2007

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