ACCOUNT NUMBER	ELIGIBLE INDIVIDUAL:

INCOME SUMMARY 2013

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

MAY 2013

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	

GROSS WAGES   CAFETERIA PLAN DED.   CHILD SUPPORT   OTHER

$ _____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____

MONTHLY TOTALS: $ _____ _____ _____ _____
YEAR-TO-DATE TOTAL: $ _____

JUNE 2013

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						

GROSS WAGES   CAFETERIA PLAN DED.   CHILD SUPPORT   OTHER

$ _____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____

MONTHLY TOTALS: $ _____ _____ _____ _____
YEAR-TO-DATE TOTAL: $ _____

JULY 2013

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			

GROSS WAGES   CAFETERIA PLAN DED.   CHILD SUPPORT   OTHER

$ _____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____

MONTHLY TOTALS: $ _____ _____ _____ _____
YEAR-TO-DATE TOTAL: $ _____

AUGUST 2013

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

GROSS WAGES   CAFETERIA PLAN DED.   CHILD SUPPORT   OTHER

$ _____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____

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: