

<b>ACCOUNT NUMBER</b>	<b>ELIGIBLE INDIVIDUAL:</b>
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**INCOME SUMMARY 2013**

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

**MAY 2013**

**JUNE 2013**

	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	\$ _____	_____	_____	_____
5 6 7 8 9 10 11	_____	_____	_____	_____	2 3 4 5 6 7 8	_____	_____	_____	_____
12 13 14 15 16 17 18	_____	_____	_____	_____	9 10 11 12 13 14 15	_____	_____	_____	_____
19 20 21 22 23 24 25	_____	_____	_____	_____	16 17 18 19 20 21 22	_____	_____	_____	_____
26 27 28 29 30 31	_____	_____	_____	_____	23 24 25 26 27 28 29	_____	_____	_____	_____
<b>MONTHLY TOTALS:</b>	\$ _____	_____	_____	_____	30	\$ _____	_____	_____	_____
<b>YEAR-TO-DATE TOTAL:</b>		\$ _____	_____	_____	<b>MONTHLY TOTALS:</b>	\$ _____	_____	_____	_____
					<b>YEAR-TO-DATE TOTAL:</b>	\$ _____	_____	_____	_____

**JULY 2013**

**AUGUST 2013**

	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	\$ _____	_____	_____	_____
7 8 9 10 11 12 13	_____	_____	_____	_____	4 5 6 7 8 9 10	_____	_____	_____	_____
14 15 16 17 18 19 20	_____	_____	_____	_____	11 12 13 14 15 16 17	_____	_____	_____	_____
21 22 23 24 25 26 27	_____	_____	_____	_____	18 19 20 21 22 23 24	_____	_____	_____	_____
28 29 30 31	_____	_____	_____	_____	25 26 27 28 29 30 31	_____	_____	_____	_____
<b>MONTHLY TOTALS:</b>	\$ _____	_____	_____	_____	<b>MONTHLY TOTALS:</b>	\$ _____	_____	_____	_____
<b>YEAR-TO-DATE TOTAL:</b>		\$ _____	_____	_____	<b>YEAR-TO-DATE TOTAL:</b>	\$ _____	_____	_____	_____

<b>Social Security Certification:</b> 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: