

Eligible Individual:

Account Number:

PERIODIC REPORTING INCOME SUMMARY 2014

INCOME RECEIVED BY (NAME & SSN):

PAYER:

TYPE OF INCOME(e.g., wages)

TAKEN FROM (e.g., pay stubs):

S	M	T	W	T	F	S	Gross Wages	Caf. Plan Ded.	Chd. Supp.	Other
Jan				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							\$0.00	\$0.00	\$0.00	\$0.00
Year-To-Date-Total							\$0.00		Countable	\$0.00

S	M	T	W	T	F	S	Gross Wages	Caf. Plan Ded.	Chd. Supp.	Other
Mar						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							\$0.00	\$0.00	\$0.00	\$0.00
Year-To-Date-Total							\$0.00		Countable	\$0.00

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

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Date:

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Date:

S	M	T	W	T	F	S	Gross Wages	Caf. Plan Ded.	Chd. Supp.	Other
Feb						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				
Monthly Totals							\$0.00	\$0.00	\$0.00	\$0.00
Year-To-Date-Total							\$0.00		Countable	\$0.00

S	M	T	W	T	F	S	Gross Wages	Caf. Plan Ded.	Chd. Supp.	Other
April			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							\$0.00	\$0.00	\$0.00	\$0.00
Year-To-Date-Total							\$0.00		Countable	\$0.00

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								Gross Wages	Caf. Plan Ded.	Chd. Supp.	Other									Gross Wages	Caf. Plan Ded.	Chd. Supp.	Other
S	M	T	W	T	F	S						S	M	T	W	T	F	S					
May												Jul											
				1	2	3								1	2	3	4	5					
	4	5	6	7	8	9	10						6	7	8	9	10	11	12				
	11	12	13	14	15	16	17						13	14	15	16	17	18	19				
	18	19	20	21	22	23	24						20	21	22	23	24	25	26				
	25	26	27	28	29	30	31						27	28	29	30	31						
Monthly Totals								\$0.00	\$0.00	\$0.00	\$0.00	Monthly Totals								\$0.00	\$0.00	\$0.00	\$0.00
Year-To-Date-Total								\$0.00		Countable	\$0.00	Year-To-Date-Total								\$0.00		Countable	\$0.00

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								Gross Wages	Caf. Plan Ded.	Chd. Supp.	Other									Gross Wages	Caf. Plan Ded.	Chd. Supp.	Other
S	M	T	W	T	F	S						S	M	T	W	T	F	S					
Jun												Aug											
																	1	2					
	1	2	3	4	5	6	7						3	4	5	6	7	8	9				
	8	9	10	11	12	13	14						10	11	12	13	14	15	16				
	15	16	17	18	19	20	21						17	18	19	20	21	22	23				
	22	23	24	25	26	27	28						24	25	26	27	28	29	30				
	29	30											31	32	33	34	35	36	37				
Monthly Totals								\$0.00	\$0.00	\$0.00	\$0.00	Monthly Totals								\$0.00	\$0.00	\$0.00	\$0.00
Year-To-Date-Total								\$0.00		Countable	\$0.00	Year-To-Date-Total								\$0.00		Countable	\$0.00

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TAKEN FROM (e.g., pay stubs):

	S	M	T	W	T	F	S	Gross Wages	Caf. Plan Ded.	Chd. Supp	Other
Sept		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								\$0.00	\$0.00	\$0.00	\$0.00
Year-To-Date-Total								\$0.00		Countable	\$0.00

	S	M	T	W	T	F	S	Gross Wages	Caf. Plan Ded.	Chd. Supp	Other
Nov							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								\$0.00	\$0.00	\$0.00	\$0.00
Year-To-Date-Total								\$0.00		Countable	\$0.00

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	S	M	T	W	T	F	S	Gross Wages	Caf. Plan Ded.	Chd. Supp	Other
Oct				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								\$0.00	\$0.00	\$0.00	\$0.00
Year-To-Date-Total								\$0.00		Countable	\$0.00

	S	M	T	W	T	F	S	Gross Wages	Caf. Plan Ded.	Chd. Supp	Other
Dec		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								\$0.00	\$0.00	\$0.00	\$0.00
Year-To-Date-Total								\$0.00		Countable	\$0.00

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