

# FORM F

## REQUIRED VERIFICATIONS

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**YOUR APPOINTMENT IS SCHEDULED FOR:** \_\_\_\_\_

You must provide the following verification/documentation at this appointment  
or assistance may be delayed or denied:

- \_\_\_\_\_ Completed Application Form A
- \_\_\_\_\_ Rental Verification Form J and copy of any written lease agreement
- \_\_\_\_\_ Last four weeks pay-stubs or other proof of net wages for all adult members of household
- \_\_\_\_\_ Last four week's receipts or other proof of bills paid or currently due, utility disconnect notices
- \_\_\_\_\_ Employment verification Form I from your employer
- \_\_\_\_\_ Employment termination Form I from your last employer
- \_\_\_\_\_ You have applied for / are receiving Social Security benefits
- \_\_\_\_\_ You have applied at the HHS District Office for:
  - ☐ Emergency Food Stamps
  - ☐ SNAP (Food Stamps)
  - ☐ TANF
  - ☐ Title XX Daycare
  - ☐ APTD/MA
  - ☐ OAA
  - ☐ TANF Emergency Assistance
  - ☐ Medical
- \_\_\_\_\_ You have applied for / are receiving Fuel Assistance benefits
- \_\_\_\_\_ Verification of injury or illness Form H
- \_\_\_\_\_ You have applied for / are receiving Unemployment Compensation
- \_\_\_\_\_ If available, picture ID (Adults); Birth certificate/SS card (minors)
- \_\_\_\_\_ Vehicle registration
- \_\_\_\_\_ Savings and checking account, liquid asset statements, bank/debit card account printout
- \_\_\_\_\_ Statement child support payments received / Child support court-ordered payments made
- \_\_\_\_\_ Statement from room-mate(s) regarding division of expenses
- Other: \_\_\_\_\_

I understand that failure to provide the indicated information may result in delay and/or denial of my request for assistance, and I understand that if approved for assistance I may be required to do a job search and participate in workfare.

\_\_\_\_\_  
Welfare Staff signature

\_\_\_\_\_  
Applicant signature