

CERTIFICATION OF INCOME AND EXPENSES FORM

Name of _____

Adult _____ Address _____

Please check any that apply:

☐ I receive cash income from other sources (for example, house cleaning, house sitting, baby sitting, redeeming cans , bottles, selling personal items).

☐ I have no income (go to section 2) ☐ I am a fulltime student with no income (Go to section2)

☐ I work full time

Section 1: Tell us about your Income Sources

1. During the previous month have you been employed Part time? ☐yes ☐no
2. During the previous month have you own your own Business? ☐yes ☐no
3. Previous month did you receive money for any work that you perform only once in a while, like yard work, baby sitting, donating blood, etc.? ☐yes ☐no
4. Have you receive any gifts of money from anyone? ☐yes ☐no
5. If yes, please list the Names and phone number of the person: _____

(Check any that Apply)

Worker's Comp ☐ Unemployment ☐ Government Sponsored ☐ Benefits ☐ Child Support ☐

Section 2: How did you Pay these Monthly Expenses during the previous month

Expense _____ Monthly Cost _____ SSI/SSA or Program _____ Using Other

Asset _____ Using Credit Cards _____ If someone else pays _____

How did you pay these monthly expenses during the previous months?

Expense	Monthly Cost	SSI/ SSA	Using other Assets	Using Credit Cards	Other source
Rent or Mortgage	_____	_____	_____	_____	_____
Utility Bills	_____	_____	_____	_____	_____
Food	_____	_____	_____	_____	_____

If someone else pays your expenses, please complete:

Name _____

Address _____

Phone _____

Section 3:

If none of the above applies to you , please explain how our monthly expenses were paid space below:

By signing this form, I affirm these facts are accurate and true. I give the Doggie/Cats Medical Care for Disable and Seniors my permission to verify this information. I may be held liable under federal or state law for knowingly making false or fraudulent statements.

Signature

Date