

Word of Life Christian Academy 2018-2019

1500 N. Fairview Ave. | Farmington, NM 87499 | Phone: 505-326-5595 | Fax: 505-564-8921 | academy@wordoflifechristian.org



INCOME VERIFICATION FORM

To meet income Verification all documentation requirements are as follows:

- 1) Participant's household: the names of all family members in the household,
- 2) The household's income from all sources,
- 3) Acceptable documentation to verify household income includes 4 recent pay stubs, Social Security, Child Support and any governmental assistance.

Failure to provide documentation will make the participant ineligible to attend WOLCA.

THIS FORM MUST BE FILLED OUT COMPLETELY AND MUST BE SIGNED BY THE PARENT, AS APPLICABLE.

PARTICIPANT'S NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

1. The number of persons currently living in my household is ____ Head of Household _____.
2. The names, ages, and monthly income of each person living in household are (include applicant).
3. COMPLETE EACH:

	FULL NAME (Include applicant)	AGE	EMPLOYED YES/NO	SOURCE OF INCOME	GROSS MONTHLY INCOME
1.					
2.					
3.					
4.					
5.					

4. Check all items and documents submitted to verify income for all household members.

Copies of 3 most recent pay stubs.

Copies of 2 most recent any government assistance.

Copies of 2 SSI assistance.

Copies of 3 most recent child support.

I /WE, certify that the above information and documentation attached is accurate and complete.

I /WE give permission to the School Administrator to verify my/our income.

Parent Signatures (Father / Mother)

Date