



OTHER INCOME FORM

This form is to be completed for clients who claim to receive income from sources which can not produce income documentation from the employer or payee. Do not use this form if the client or their employer can produce pay stubs or a payroll printout.

Rate Payer Name _____

Utility Company Name _____

Account Number _____

Source of income _____

Pay rate _____

Frequency of payments _____

Is this a temporary source of income? _____

How long have you been receiving this source of income? _____

I understand that I can be penalized for making false statements, and do reaffirm that all claims here are complete and truthful to the best of my knowledge.

Applicant's Signature: _____ **Date:** _____

Agency Representative: _____ **Date:** _____

Please note, if client refuses to sign this form, please indicate this at the Applicant's Signature line.