

ACCOUNT NUMBER	ELIGIBLE INDIVIDUAL:
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INCOME SUMMARY 2007

TYPE OF INCOME (e.g.,wages):	PAYER:
INCOME RECEIVED BY (NAME AND A/N):	TAKEN FROM (e.g., pay stubs):

MAY 2007

JUNE 2007

	GROSS WAGES	CAFETERIA PLAN DED.	CHILD SUPPORT	OTHER		GROSS WAGES	CAFETERIA PLAN DED.	CHILD SUPPORT	OTHER
<u>S M T W TH F S</u>						<u>S M T W TH F S</u>			
1 2 3 4 5	\$ _____	_____	_____	_____		1 2	\$ _____	_____	_____
6 7 8 9 10 11 12	_____	_____	_____	_____		3 4 5 6 7 8 9	_____	_____	_____
13 14 15 16 17 18 19	_____	_____	_____	_____		10 11 12 13 14 15 16	_____	_____	_____
20 21 22 23 24 25 26	_____	_____	_____	_____		17 18 19 20 21 22 23	_____	_____	_____
27 28 29 30 31	_____	_____	_____	_____		24 25 26 27 28 29 30	_____	_____	_____
MONTHLY TOTALS:	\$ _____	_____	_____	_____		MONTHLY TOTALS:	\$ _____	_____	_____
YEAR-TO-DATE TOTAL:		\$ _____	_____	_____		YEAR-TO-DATE TOTAL:	\$ _____	_____	_____

JULY 2007

AUGUST 2007

	GROSS WAGES	CAFETERIA PLAN DED.	CHILD SUPPORT	OTHER		GROSS WAGES	CAFETERIA PLAN DED.	CHILD SUPPORT	OTHER
<u>S M T W TH F S</u>						<u>S M T W TH F S</u>			
1 2 3 4 5 6 7	\$ _____	_____	_____	_____		1 2 3 4	\$ _____	_____	_____
8 9 10 11 12 13 14	_____	_____	_____	_____		5 6 7 8 9 10 11	_____	_____	_____
15 16 17 18 19 20 21	_____	_____	_____	_____		12 13 14 15 16 17 18	_____	_____	_____
22 23 24 25 26 27 28	_____	_____	_____	_____		19 20 21 22 23 24 25	_____	_____	_____
29 30 31	_____	_____	_____	_____		26 27 28 29 30 31	_____	_____	_____
MONTHLY TOTALS:	\$ _____	_____	_____	_____		MONTHLY TOTALS:	\$ _____	_____	_____
YEAR-TO-DATE TOTAL:		\$ _____	_____	_____		YEAR-TO-DATE TOTAL:	\$ _____	_____	_____

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