

ACCOUNT NUMBER	ELIGIBLE INDIVIDUAL:
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INCOME SUMMARY 2010

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

SEPTEMBER 2010

OCTOBER 2010

	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	_____	_____	_____	_____	3 4 5 6 7 8 9	_____	_____	_____	_____
5 6 7 8 9 10 11	_____	_____	_____	_____	10 11 12 13 14 15 16	_____	_____	_____	_____
12 13 14 15 16 17 18	_____	_____	_____	_____	17 18 19 20 21 22 23	_____	_____	_____	_____
19 20 21 22 23 24 25	_____	_____	_____	_____	24 25 26 27 28 29 30	_____	_____	_____	_____
26 27 28 29 30	_____	_____	_____	_____	31	_____	_____	_____	_____
MONTHLY TOTALS:	\$ _____	_____	_____	_____	MONTHLY TOTALS:	\$ _____	_____	_____	_____
YEAR-TO-DATE TOTAL:		\$ _____	_____	_____	YEAR-TO-DATE TOTAL:		\$ _____	_____	_____

NOVEMBER 2010

DECEMBER 2010

	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	_____	_____	_____	_____	1 2 3 4	_____	_____	_____	_____
7 8 9 10 11 12 13	_____	_____	_____	_____	5 6 7 8 9 10 11	_____	_____	_____	_____
14 15 16 17 18 19 20	_____	_____	_____	_____	12 13 14 15 16 17 18	_____	_____	_____	_____
21 22 23 24 25 26 27	_____	_____	_____	_____	19 20 21 22 23 24 25	_____	_____	_____	_____
28 29 30	_____	_____	_____	_____	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: