

Financial Coverage Program Income Verification

Please complete the questions below regarding your family income.

Explanation of Income:

- Parent A annual income:
- Parent B annual income: _____
- Child's annual income when applying on their own behalf (age 18 to 21 years only): _____
- Other (e.g., Child Support, Worker's Compensation, Unemployment, Veteran's Benefits): _____
- Total income (select type below)
 - Total/Gross
 - Adjusted Gross (for self-employment only) _____

Insurance Premium Breakdown:

Insurance premium totals paid by you (paystub) or privately:

- Medical insurance:
- Dental insurance: _____
- Vision insurance: _____
- Accident insurance (Aflac): _____
- Life insurance: _____

Explanation of Family Size:

Number of individuals living in the household: _____

Income Verification:

Please include a copy of one of the following documents for income verification:

- Federal Income Tax/Year
- Weekly Paystub
- BiWeekly Paystub
- Monthly Paystub