**Financial Coverage Program Income Verification**

**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 (check type):**  Total/Gross  Adjusted Gross (used only for self-employment) | $ |

**Insurance Premium Breakdown:**

|  |  |
| --- | --- |
| **Insurance premiums 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:

|  |  |
| --- | --- |
| **Income verification form included:** | Federal Income Tax/Year  Weekly Paystub  BiWeekly Paystub  Monthly Paystub |