UNEARNED INCOME VERIFICATION STATEMENT

Official Certification Document

This form is used to verify unearned income received by the individual named below. Unearned income includes, but is not limited to, Social Security benefits, pensions, retirement payments, disability benefits, child support, alimony, interest/dividends, trust fund payments, or unemployment compensation.

RECIPIENT / APPLICANT INFORMATION

Full Name:

_____

Social Security No. / ID:

_____

Residential Address:

_____

City:

_____

State:

_____

ZIP Code:

_____

Phone Number:

_____

Email Address:

_____

SOURCES OF UNEARNED INCOME

Select all sources of unearned income that apply:

- ☐ Social Security (SSI / SSDI)
- ☐ Unemployment Insurance
- ☐ Pensions / Retirement Annuities
- ☐ Child Support / Alimony
- ☐ Veterans Benefits (VA)
- ☐ Interest / Dividends / Royalties
- ☐ Workers' Compensation
- ☐ Trust Funds / Estate Income

INCOME DETAILS AND FREQUENCY

Provide details of the regular payments received from the selected sources:

Income Source Description	Gross Amount ($)	Frequency (e.g., Monthly, Weekly)	Date Benefits Began

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AGENCY / PROVIDER CERTIFICATION (IF APPLICABLE)

To be completed by the representative of the agency, trust, or organization providing the unearned income:

Organization Name:

_____

Representative Name:

_____

Title:

_____

Contact Phone:

_____

Email:

_____

_____

REPRESENTATIVE SIGNATURE

_____

DATE

RECIPIENT ATTESTATION AND SIGNATURE

I hereby certify that all information provided on this statement is true, accurate, and complete to the best of my knowledge. I understand that providing false or misleading information may result in the denial of services, benefits, or legal action.

_____

SIGNATURE OF RECIPIENT / APPLICANT

_____

DATE