EXEMPT INCOME VERIFICATION STATEMENT

Date:

Case/Account Number:

Recipient Name:

Address:

Phone Number:

Email:

I hereby certify and statement that I receive income from the following exempt sources. This income is protected by law from garnishment, attachment, or execution, and is verified below:

☐ Social Security Benefits (SSI / SSDI)

☐ Veterans Affairs (VA) Benefits

☐ Temporary Assistance for Needy Families (TANF)

☐ Child Support / Alimony

☐ Pension / Retirement Benefits

☐ Unemployment Compensation

☐ Other Exempt Income (Specify): _____

Source of Exempt Income	Frequency (Weekly / Monthly)	Amount Received ($)

By signing below, I declare under penalty of perjury that the information provided on this statement is true, accurate, and complete to the best of my knowledge. I understand that providing false information may result in legal consequences.

Signature of Recipient

Date

Authorized Representative / Witness Signature (If Applicable)