EMERGENCY SOLUTIONS GRANT

VERIFICATION TRACKING OF INCOME

*Household members 18 or older with zero income must complete Step 5.

Each Household member 18 or older: ___________________________ Date__________________

☐ Intake/Screening  ☐ 3-month Certification

Agencies must record all attempts to obtain required verifications in the order specified:

**Step 1. Third Party Source:** Were verification documents provided by the client?

☐ Yes – Complete calculation worksheet.

☐ No – Proceed to Third Party Written. (Provide explanation). **Go to Step 2 if income could not be verified in Step 1.**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Step 2. Third Party Written:** Send ESG Verification of Income, to Income Source(s).

Date Form(s) sent/faxed: _______________ (Retain copy of form(s) in client file)

☐ Documents received within 10 business days – Complete calculation worksheet.

☐ Documents not received within 10 business days – Proceed to Third Party Oral. **Go to Step 3 if income could not be verified in Step 2.**

**Step 3. Third Party Oral:** Intake staff contacts third-party sources identified by the household.

Record date, source(s) contacted and income information or reason(s) for not obtaining information:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If sufficient income information is provided, complete Calculation Worksheet to determine eligibility; otherwise, proceed to Step 4, Self-Certification.

☐ I certify, under penalty of perjury, this information is true and correct to the best of my knowledge.

Intake Staff Signature: ____________________________________________ Date: _______

**Step 4. Self-Certification:** ONLY use Step 4 to verify income after attempting & documenting Steps 1, 2 & 3.

☐ I certify, under penalty of perjury, that the information I have provided on this form is true and correct, to the best of my knowledge.

Source: _______________________________ Amt. ______________ Frequency: __________

Source: _______________________________ Amt. ______________ Frequency: __________

Source: _______________________________ Amt. ______________ Frequency: __________

**Step 5. Zero Income:** (Each household member 18 or older with zero income must sign)

☐ I certify, under penalty of perjury, that I do not have income from any source at this time. This is true and correct to the best of my knowledge.

Client Signature: ____________________________________________ Date: __________