

KANSAS HOUSING

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:** _____