

**PLEASE BRING IN THE FOLLOWING ITEMS FOR ALL FAMILY MEMBERS**

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**PERSONAL VERIFICATION**

Please be sure to bring all social security cards, birth certificates, and state issued ID cards for **ALL** members of your household.

**INCOME**

**Employment Verification:** three current consecutive check stubs [last one no more than 60 days from the date of your current recertification appointment] with year to date earnings or letter from employer including fax number

**Child Support:** printout from child support office for past 12 months, or notarized letter from the provider, and/or court order

**VA/Pensions/Retirement/Annuity:** award letter including fax number and copy of current check [last one no more than 60 days from the date of your recertification appointment]

**Unemployment:** original award letter from Unemployment Compensation and current stub or exhaust letter

**Alimony:** notarized letter from the provider, and/or court order

**Other income that is not listed above:** bring verification of what you are receiving and from what source [i.e., workers' compensation, family contributions, babysitting, etc.]

**ASSET**

**Bank Accounts/CDs/Assets:** [saving, checking, stocks, bonds, property, IRA's mutual funds, annuities, trust, inheritances, CDs, settlements] three most recent monthly statements or letter from bank stating current balance and annual interest rate

**Land/Real Estate:** Property Taxes and/or insurance policy showing value of property

**OTHER**

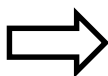
**Full-time Student Status:** [for students 18 years or older] current letter from the registrar or admissions officer. If in college, I need class schedule and financial aid

**Child Care:** provider's name, address, and Social Security Number/I.D. Number and phone number. I have forms in the office if needed

**TEA Benefits:** DHS caseworker's computer printed statement or cancellation letter

**MEDICAL**

**Medical Deductions:** [for households where the head or spouse is at least 62 or a person with disabilities], documentation for medical expenses paid by you **within the last 12 month period**, which includes, but is not limited to: doctor & hospital visits, pharmacy fills, lifeline, dental, and eye care bills you have ***paid***.



[I cannot use a paper that shows a check number and amount you paid, it must be a statement from the medical provider that shows your payment received or a cancelled check]

**Medical Insurance:** statement showing current amount you are paying [Medicare, Blue Cross/Blue Shield, etc.]

**If Social Security is taking any premiums out of your check other than Medicare** [example: Medicare RX, Humana, etc.], **I would need something to show this deduction.** The award letter you received would be sufficient for this.