

**Four Square Community Action Agency
Coronavirus Aid, Relief and Economic Security (CARES) Act Application**

Income Information

First Name	M.I.	Last Name	Source*	Method**	Amount	***How Verified

***Source:** Employment, Self Employment, Child Support, Childcare Paid, Contribution, Disability, Pension, Public Housing, Food Stamps, Medicaid, Section 8 Housing, Subsidized Housing, SSI, Unemployment Benefits, V.A. Benefits, Work First or TANF, Income Other, No Income

**** Method:** Hourly, Weekly, Bi-weekly, Monthly

*****Verified:** Pay Stubs, Employer, Award Letter, Child Support Enforcement Agency, County DSS Record, Notarized Statement, Tax Return, W-2 Form, Other

By signing below I certify that all information provided on this application is correct and true.

Signature

Date