**[](http://www.nclegalclinic.org/Locations/Indianapolis.aspx)**

**Income verification form**

In order to determine if you qualify for free legal services from the Neighborhood Christian Legal Clinic, please provide the following financial information as soon as possible:

1. What is the total number of people in your household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your gross monthly income of all people in your household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*gross monthly income is income before taxes and other withholdings are withheld*)

1. What is your monthly housing payment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*examples: mortgage payment, rent, etc*.)

1. What is your monthly child care expense? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*example: day care*)

Also, please provide proof of the gross monthly income you listed above by providing copies of any of the following documents:

**€** Paystubs received in the last thirty (30) days.

**€** Statement showing Unemployment Compensation received in the last thirty (30) days.

**€** Most recent annual award letter for Social Security and/or Veterans Benefits.

**€** Any other document(s) that verifies your gross monthly income in the last thirty (30) days.

**All the information on this form and all of the documentation provided to prove my gross monthly income is true to the best of my knowledge.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                              \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature                                                                                     Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name