**COC FORM 7: Verification Tracking of Income**

*Agencies must document verification of income for every person 18 years or older in each household.*

*A completed COC FORM 7 Verification Tracking of Income is required for each person.*

|  |  |  |
| --- | --- | --- |
| **Name of Household Member *(18yrs or older):*** |  | **Date:**  |

[ ]  Intake/Screening [ ]  3-month Certification

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

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

 [ ]  Yes –Calculation worksheet completed. (COC FORM 10 to determine eligibility).

 [ ]  No – Provide an explanation as to why this could not be satisfied then proceed to Step 2.

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

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**Step 2. Third Party Written**: Send FORM COC 9 Verification of Income, to the household member’s income source/s.

Date Form(s) sent/faxed:       *(Retain copy of COC FORM 9 in client file)*

[ ]  Documents were received within 10 business days – Complete calculation worksheet (COC FORM 10).

[ ]  Documents were not received within 10 business days – Proceed to Step 3 if income couldn’t be verified in this step.

**Step 3. Third Party Oral:** Intake staff contacts third-party sources identified by the household. Record the date, source(s) contacted, and income information or reason(s) for not obtaining information:

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

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If sufficient income information is provided, complete the Calculation Worksheet (COC FORM 10) to determine eligibility and sign, below.

If sufficient income information is not provided, sign below and proceed to Step 4.

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

Intake Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COC FORM 7: Verification Tracking of Income, *Continued***

**Step 4. Self-Certification:** ONLY use Step 4 to verify income after attempting and documenting Steps 1, 2 and 3. The Client shall self-report his/her income source/s with amount and frequency:

Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amt. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency:\_\_\_\_\_\_\_\_\_\_

Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amt. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency:\_\_\_\_\_\_\_\_\_\_

Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amt. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency:\_\_\_\_\_\_\_\_\_\_

[ ]  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.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**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: \_\_\_\_\_\_\_\_\_\_\_