

MAP ID: \_\_\_\_\_

HOUSEHOLD ID: \_\_\_\_\_

# Income Received in the Last 30 Days With No Taxes Deducted

Applicant name: \_\_\_\_\_

Use this form to record all income received in the last 30 days with no taxes deducted. Include all income received in cash, paid through an application (like Cash App, Venmo or Zelle), paid by personal check, or money given to you from another person to pay for your living expense.

List the date the income was paid, the name of the adult on your application who received the payment, and the amount paid.

**Note:** If an adult on your application is paid regularly by the same person/employer do not use this form.

DATE (MM/DD/YY) PAID	WHO RECEIVED THE MONEY	AMOUNT PAID
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

For questions, call the Central Health Navigation Center at 512.978.8130, option 1.



