

**ACCEPTABLE VERIFICATION DOCUMENTS
AT INTAKE**

EMPLOYMENT INCOME

- Most recent four (4) consecutive paycheck stubs or all paychecks if recently employed
- Payroll printout from employer
- Signed letter from employer on employer's letterhead showing salary, hourly rate, or average number of hours per week

UNEMPLOYMENT BENEFITS

- Printout from the Department of Labor and Workforce Development showing benefit award amount and length of payments. Copies may be printed at <https://ui.tn.gov>.

SELF EMPLOYMENT OR BUSINESS OWNER

- Prior year tax return documents
- Documents such as manifests, appointment books, cash books, bank statements and receipts from the prior six (6) months, or lesser period if not in business for 6 months

SOCIAL SECURITY INCOME BENEFITS OR TERMINATION OF BENEFITS (SSA, SSI)

- Current benefit award letter or termination letter, dated within the past sixty (60) days.

FAMILY SUPPORT (People that give any member of the household money or that assist the household with the payment of any bills)

- A letter signed by the person making the payment that contains their name, address, phone number, and amount and consistency of the payment.

CHILD SUPPORT/ALIMONY

- If separated or divorced, a copy of the separation agreement, settlement agreement, or divorce decree stating types of support, amounts, and schedules; AND,
- For court-ordered support received through the Department of Human Services, a printout from the Tennessee Child Support Summary system for the past twelve (12) month time period
- For payments received directly, a copy of the latest check or payment stub or a letter signed by the person making the payment that contains the name, address, phone number, and amount of the payment they pay you each month.

PENSION INCOME

- Copy of the most recent statement

CHECKING/SAVINGS ACCOUNT

- Copy of the most recent bank statement. The statement may be printed from an online banking system, but must clearly identify the name of the bank, the name of the account holder, and the balance of the account.

DISABLED HEAD OR SPOUSE EXPENSES

- Copy of medical provider printouts that show your unreimbursed medical expenses for the past twelve (12) months. Only include expenses that were not reimbursed by insurance or another source or that will not be reimbursed in the future.
- For prescription costs that are not reimbursed and will not be reimbursed, submit a pharmacy print-out for prescription costs for the past 12 months or legible copies or original receipts from the pharmacy.

SOCIAL SECURITY NUMBER PROVISION

- An original SSN card issued by SSA;
- An original SSA-issued document, which contains the name and SSN of the individual; or
- An original document issued by a federal, state, or local government agency, which contains the name and SSN of the individual (i.e. welfare agency documents, military papers, unemployment insurance documents, or any other government-issued document).

IDENTITY & AGE

- Driver's License, State Issued Photo Identification, Birth Certificate or Mother's Copy.