



For God so loved the world that he gave his one and only Son, that **WHOEVER** believes in **HIM** shall not perish but have eternal life.

John 3:16

PROOF OF INCOME CHECKLIST

- EMPLOYMENT =
 - ____ **(4)** WEEKLY PAYSTUBS
 - ____ **(2)** BIWEEKLY PAYSTUBS
 - ____ **(1)** MONTHLY PAYSTUB
 - ____ SIGNED LETTER FROM EMPLOYER WITH EMPLOYER CONTACT INFORMATION

- UNEMPLOYMENT /WORKER'S COMP =BENEFIT LETTER
- SOCIAL SECURITY/ SSI = BENEFIT LETTER
- PENSION, DISABILITY, VA BENEFIT= BENEFIT LETTER
- ODD JOBS = SELF EMPLOYMENT DECLARATION FORM
- SUPPORT FAM/FRIENDS- LETTER OF SUPPORT
- SELF EMPLOYMENT = COMPLETE TAX FORMS INCLUDING SCHEDULE C
- CHILD SUPPORT = INVOLUNTARY/VOLUNTARY = COURT ORDER OR LETTER FROM ABSENT PARENT
- ALIMONY = COURT ORDER OR LETTER FROM SPOUSE
- OTHER= PROOF OF ANY OTHER INCOME SUCH AS DIVIDENDS, INTEREST, RENTAL INCOME
- NO INCOME/ LIVING OFF OF SAVINGS = MOST RECENT BANK STATEMENT WITHIN 30 DAYS PRIOR TO APPLICATION IN CONJUNCTION WITH LETTER OF SUPPORT FROM FAMILY MEMBER
- WG15 STATEMENT FROM GA DEPARTMENT OF LABOR OR WAGE INQUIRY FORM FROM SOUTH CAROLINA DEPARTMENT OF LABOR AND WORKFORCE

I understand that I am given 30 days to return the above income information. I understand that I must return the information by _____ so that my application for the Fee Discount Program will be processed. I understand if I am found eligible for the program, I receive a reduction in my charges for my visit. If I don't provide the information requested, I understand that my application **will not be processed, and I will be responsible for the full cost of my visit.**

SIGNATURE

DATE