

REQUIRED SUPPORT DOCUMENTS

If you have these types of...	Then you need the following form of documentation....
INCOME	
Social Security or SSI	Benefit Letter Dated Within One Hundred Twenty (120) Days
Child Support	Case Number and/or Printout of Order Twelve (12) Months Printed from TNCS System
Informal/Cash Child Support	Signed and Dated Statement of Amount and Frequency From the Parent That Pays
Cash Assistance/No Wages	Signed and Dated Statement of Amount and Frequency From Person Contributing
TANF/Family First	Letter from DHS or Printout from DHS Stamped
VA Benefits	VA Benefit Letter Dated Within One Hundred Twenty (120) Days
Other Retirement Income	Benefit Letter with Monthly Amount Dated Within One Hundred Twenty (120) Days
Unemployment	Award Letter and/or Printout of Amount Received
Wages from any job	Six (6) Consecutive Current Paystubs
Informal Wages – Rideshare, Contractors	Pay Statements, Earning Statements for Twelve (12) weeks
Children Under Eighteen (18)	No Earned Income Counts SS/SSI/Death Benefits – Need Benefit Letter Dated Within One Hundred Twenty (120) Days
ASSETS	
TANF of Child Support Paycard	ATM Receipt within Seven (7) Days and a Copy of Card
SS/SSI Direct Express	ATM Receipt within Seven (7) Days and a Copy of Card
Checking Account(s)	Last Six (6) Bank Consecutive Statements
Savings Account(s)	Last Month Statement
Annuity/401K(s)	Most Recent Statement
Real Estate	Current Value and Statement of Use (Rental, etc.)
Life Insurance	Current Value and Amortization if Cash Value
Any other Various	Most Recent Statement from Provider
EXPENSES	
Childcare Expenses	
From a Licensed Provider	A Statement from Provider as to cost (Dated within one hundred twenty (120) days)
From a In Home Care Provider	A Written Statement of Amount and Frequency (Dated within one hundred twenty (120) days)
MEDICAL EXPENSES (elderly/disabled) (Age Sixty-Two (62) or older)	
Pharmacy	Twelve (12) Month Printout From Pharmacy With Patient Cost
Out-of-Pocket	Receipts for Payments Made in the Last Twelve (12) Months
Insurance – Pharmacy or Health	Statement from the last One Hundred Twenty (120) Days Showing Paid
<p>IMPORTANT WE MUST HAVE THE FOLLOWING FROM EVERY APPLICANT & HOUSEHOLD MEMBER</p> <ul style="list-style-type: none"> • COPY OF BIRTH CERTIFICATE • SOCIAL SECURITY CARD 	