

**FAMILY COUNSELING CENTER
1347 GRANT ST.
RED BLUFF, CA 96080**

PHONE: (530) 527-6702

FAX: (530) 527-7658

INCOME VERIFICATION FORM

Name: _____ Date: _____

Monthly Income (Net): \$ _____

Number in Household: _____

Under Penalty of Perjury, I certify that the forgoing is true and correct.

Client's Signature: _____ Date: _____

VERIFICATION:

Check stub: [] 1040: [] Bank Statement: [] 1099: []

Other: [] _____
