

Verification and Documentation Checklist

Participant's Name.....

Appointment Date.....

Time.....

PLEASE BRING THIS CHECK LIST TO THE APPOINTMENT ALONG WITH ALL APPLICABLE DOCUMENTATION (**CHOOSE JUST ONE DOCUMENT FOR EACH ELIGIBILITY CRITERIA**). We will make copies for you. If you are having difficulty in providing the following documentation at the time of your scheduled appointment, please contact us at (352)-323-3613.

PLEASE INCLUDE YOUR RESUME

Customer Group	Eligibility Item	Valid Values
General Revenue funded: Displaced Homemakers	<i>Is 35 years of age or older; <u>AND</u></i> (Birth Date/Age)	<ul style="list-style-type: none"> — Baptismal or Church Record — Birth Certificate — Driver's License — Federal or State of Florida or Local Government Issued ID Card — School Records — Hospital Record of Birth — Passport — Public Assistance/Social Services Records — Telephone Verification
	<i>Has worked in the home, providing unpaid household services for family members; <u>AND</u></i>	<ul style="list-style-type: none"> — Applicant Statement — Unemployment insurance document/printout which does not negate applicant's statement — Other _____
	<i>Is not adequately employed, <u>AND</u></i>	<ul style="list-style-type: none"> — Pay stubs — Employer statement/contract — Social security benefits — Alimony agreement — Quarterly estimated tax for self-employed persons — Unemployment insurance documents and/or printout — Award letter from veterans administration — Bank statements — Compensation award letter — Court award letter — Farm or business financial records — Housing authority verification — Pension statement — Applicant Statement — Job Search Worksheet — Registered with AWI-ODDS — Other _____
	<i>Has had, or would have, difficulty in securing adequate employment; <u>AND</u></i>	<ul style="list-style-type: none"> — Court Records — Medical Records — Bank/Financial Records — Divorce Decree — Spouse Death Certificate — Spouse Disability Check — Applicant Statement — AWI ODDS A screen printout — Job Search Worksheet — Applicant Statement — Other _____

	<i>Has been dependent on the income of another family member but is no longer supported by such income; <u>OR</u></i>	<ul style="list-style-type: none"> — Court Records — Medical Records — Bank/Financial Records — Divorce Decree — Spouse Death Certificate — Spouse Disability Check — Applicant Statement — Separation papers — Other _____
	<i>Has been dependent on federal assistance.</i>	<ul style="list-style-type: none"> — Public assistance records/printout — (FL IQCH screen) — Public assistance identification card showing cash grant status — Copy of authorization to receive cash public assistance — Copy of public assistance check — Authorization to obtain food stamps — Food stamps card with current date — Food stamp receipt — Letter from food stamp disbursing agency — Postmarked food stamp mailer with applicable name and address — Medical card showing cash grant status — Refugee assistance records — Other _____
	Applicant's Name	<ul style="list-style-type: none"> — Driver's License — Federal, State or Local Identification (ID) Card — Any document that has the applicant's name on it (utility bill, etc.)
	Social Security Number	<ul style="list-style-type: none"> — DD-214, Report of Transfer of Discharge — Employment Record — IRS Form letter — Letter from Social Security Agency — Pay Stub — School Records — Social Security Benefits — Social Security Card — W-2 Form — Self-Certification (Applicant Statement) — Telephone Certification
	Citizenship/Alien Status (Work Authorization)	<ul style="list-style-type: none"> — Documentation specified on the I-9 Form — Alien Registration Card Indicating Right to Work (Authorization to Work) — Baptismal Record — Birth Certificate — Food Stamp Record — Foreign Passport Stamped Eligible to Work — Hospital Record — Naturalization Certification — Public Assistance Records (If place of Birth is shown) — U.S. Passport — Social Security Card ("Work Eligible") — Native American Tribal Document — Self Certification (Applicant Statement) — Telephone Verification — Other _____
	Homeless	<ul style="list-style-type: none"> — Applicant statement — Written statement from an individual providing temporary shelter — Written statement from public shelter — Written statement from social service agency — Other _____
	Individual Status/Family	<ul style="list-style-type: none"> — Applicant Statement

	Size	<ul style="list-style-type: none"> — Birth Certificate — Court Decree — Divorce Decree — Landlord Statement — Lease — Marriage License — Medical Card — Most Recent Tax Return supported by IRS document
	Selective Service Registrant <i>(Male applicants born after January 1, 1960)</i>	<ul style="list-style-type: none"> — Selective Service Letter/Registration Letter — Stamped Post Office Receipt of Registration — Internet Verification/Registration (http://www.sss.gov) — Telephone Verification (847) 688-6888 — Selective Service Advisory Opinion (Waiver) Letter — Other:
	School Records (if applicable)	<ul style="list-style-type: none"> — Printouts from LOIS with the following information: <ul style="list-style-type: none"> — Student's Schedule — GPA Information — Account Summary (FAFSA Status of Eligibility) — Registration Status — Courses highly recommended: <ul style="list-style-type: none"> — FIN 2100 Personal Finance — SLS 1501 Foundation of Success Seminar — Computer Proficiency Course — Money Smart Financial Education Program

Most frequently used

Signature_____ Date_____