



Income Qualified Programs -- CARE/FERA

Acceptable Income and Categorical Program Documentation

Full Income Documentation		
Income Source	Max. Document Age	Verification Proof
Alimony or Child Support	12 Months	Affidavit of income Bank statement with direct deposit source Cancelled check(s), Check or Check stubs Most recent court documents (redacted as needed) Notarized document showing amount and frequency
Capital or Other Gains	12 Months	Complete Federal income tax filing with W2s and/or 1099s attached
Disability or Unemployment	12 Months	Award letter/Notice of Action letter Banking Statement for Unemployment EBT Card Cancelled check(s), Check or Check stubs Complete Federal income tax filing with W2s and/or 1099s attached Screen shot/print screen print from issuing agency ¹
Foster Care/VA Benefits/Workers Comp.	12 Months	Award letter/Notice of Action letter Bank statement with direct deposit source Cancelled check(s), Check or Check stubs
Gambling/lottery winning	12 Months	Case-by-Case basis, requires CARE/FERA Program Manager approval
General Relief (Public Cash Assistance)	12 months	Award letter/Notice of Action letter Bank statement with direct deposit source
Insurance/Legal Settlements ²	12 Months	Annuity letter Bank statement with direct deposit source Cancelled check(s), Check or Check stubs Settlement document

¹ Screenshot or printout MUST clearly show applicable name(s) for the household member(s)

² Not including Loan Proceeds

Be sure to black out the first five digits of your social security number on any of your documents for added security.



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Interest/Dividends	12 months	Bank statement with direct deposit source Complete Federal Income tax filing with W2s and/or 1099s attached Customer's investment statement(s)
Monetary Gift(s)	12 months	Affidavit of income
Pensions/IRA/401K Disbursement ³	12 Months	Award letter/Notice of Action letter Bank statement with direct deposit source Cancelled check(s), Check or Check stubs Complete Federal Income tax filing with W2s and/or 1099s attached Form 1099-R (acceptable as standalone)
Rental Income or Royalty Payments ⁴	12 Months	Complete Federal Income tax filing with Schedule E Rental receipts Rental agreement specifying rent amount and affidavit from <u>tenant</u>
School Grants/Scholarships/Student aid/Foreign exchange	12 Months	Award letter/Notice of Action letter Cancelled check(s), Check or Check stubs
Self-Employment Earnings ⁴	12 Months	Affidavit of income Complete Federal Income tax filing with Schedule C
Social Security Admin (SSA)	12 Months	Award letter/Notice of Action letter Bank statement with direct deposit source Complete Federal Income tax filing with W2s and/or 1099s attached Form 1099 (acceptable as standalone) Screen shot/print screen from issuing agency ¹
Union Strike Benefits	12 Months	Benefits pay stub
Wages/Salary/Commission	60 days	Affidavit of Income Complete Federal Income tax filing with W2s and/or 1099s attached Payroll check stub(s) or deposit notice(s)

³ Proceeds for loans should NOT be included

⁴ For rental income and self-employment income, only positive values of income are included. Negative net rents and negativeself-employment income are ignored

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Categorical (Public Assistance) Program		
Program Name	Max. Document Age	Verification Proof
Bureau of Indian Affairs (BIA)	90 Days	Award Letter or Notice of Action Bank Statement with Direct Deposit Source Screen shot/print screen from issuing agency ¹ Un-cashed checks
LIHEAP (Low Income Home Energy Assistance Program)	12 Months	CSD Form 43 Proof of LIHEAP payment to utility
MediCAL (Medicaid) Assistance	12 Months	3rd party Medi-CAL card (LA Care, IEHP, HealthNet, etc.) ⁵ Adoption Assistance or Foster Care award letter Award letter or Notice of Action letter Benefits ID card (issued with 12 months of CARE enrollment) Form 1095-B from the Department of Health Care Services Issuance History Printout stamped by the County Screen shot/print screen from issuing agency ¹ Screen shot/print screen from website showing current participation ¹
MediCAL for Families	12 Months; 60 Days	Award letter or Notice of Action letter Current (<60days) premium statement (not past due) Screen shot/print screen from issuing agency ¹ Screen shot/print screen from website showing current participation ¹
NSLP (National School LunchProgram)	12 Months	Case-by-Case basis, requires Program Manager approval
SNAP (Supplemental Nutrition Assistance Program) CALFRESH	12 Months	Award letter or Notice of Action letter Screen shot/print screen from issuing agency ¹ Screen shot/print screen from website showing current participation ¹

⁵ Card MUST show that they (the Medical Insurance Company) are a MediCal provider

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SSI (Supplemental Security Income)	12 Months	Award letter or Notice of Action letter Bank statement with direct deposit source (gross amount) Form SSA-1099 Screen shot/print screen from issuing agency ¹
TANF (Temporary Assistance for Needy Families) CALWORKS	12 Months	Award letter or Notice of Action letter Bank statement with direct deposit source (gross amount) Screen shot/print screen from issuing agency ¹
Tribal Headstart	12 Months	Award letter or Notice of Action Letter
Tribal TANF	12 Months	Award letter or Notice of Action letter Bank statement with direct deposit source (gross amount) Screen shot/print screen from issuing agency ¹
WIC (Women, Infants and Children)	60 Days	Award letter or Notice of Action letter Grocery receipt with WIC phone app screen shot/print screen ¹ WIC phone app screen shot/print screen ¹ WIC shopping list ¹

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