

Income Request for Information

Case Number:

{CUSTOMER_ADDRESS}

Worker ID:

Worker Name:

Worker Phone:

Dear {PRIMARY_APPLICANT_NAME}:

To find out if you can continue to receive benefits, we need:

- Proof of Income for all household members for the last 30 days

Please provide this information by {DUE_DATE}. If you fail to provide the requested information, your benefits may be cancelled. Please include your Case Number () on any information you send to us.

Return Information to:

We cannot return originals to you. Please send us only copies of your income verifications.

If you provide the above information, we will review it to determine if you remain eligible. If your change affects eligibility for any person on your case or your benefit amount, we will send a Notice. We will NOT send a Notice if all persons remain eligible and benefits remain the same.

If you have any QUESTIONS or you need more time to get the information, please call me on or before {DUE_DATE}.