



## Income Verification Form

14900 Bogle Drive, Suite 200, Chantilly, VA 20151-1652  
 703-817-9890 • FAX 703-817-9860 • [www.fcsva.org](http://www.fcsva.org)

**Foster Family Name** \_\_\_\_\_

**Date** \_\_\_\_\_

Monthly Income		Describe
Total <b>NET</b> Income from all jobs	\$	
Income from bank accounts/investments/ rental property, etc.	\$	
Income from social security, disability, etc.	\$	
Income from child support, alimony, retirement, etc.	\$	
Foster Child Stipend (including VEMAT)		
<b>Total 1</b>	\$	
Monthly Expenses		Describe
<i><b>Housing:</b> please note number of people living in home here(including foster children) _____</i>		
Mortgage	\$	
Rent	\$	
Second Home Mortgage	\$	
HOA fees	\$	
Homeowners or renters insurance	\$	
Property taxes (if not in mortgage)	\$	
Maintenance and Repairs	\$	
Electric	\$	
Natural gas/oil/propane	\$	
Water	\$	
Garbage/trash	\$	
Cable/Internet/Phone	\$	
Groceries	\$	
Household supplies/cleaning	\$	



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<b>Total 2</b>	\$	
<b>Transportation</b>		
Car payment(s)	\$	
Car Insurance	\$	
Gasoline	\$	
Public Transportation	\$	
Repairs/oil/tires, etc.	\$	
<b>Total 3</b>	\$	
<b>Entertainment</b>		
Movies/concerts	\$	
Clubs/sports/memberships	\$	
Meals	\$	
Misc.	\$	
<b>Total 4</b>	\$	
<b>Personal</b>		
Clothing (estimate amount spent in a year, divide by 12)	\$	
Health and Beauty (make up, nails, hair products, etc.)	\$	
Toiletries (shampoo, soap, toilet paper, etc.)	\$	
Laundry and dry cleaning	\$	
School tuition and supplies	\$	
Daycare/babysitting	\$	
Child Support	\$	
Health Insurance (if not deducted from gross income)	\$	
<b>Total 5</b>	\$	
<b>Miscellaneous</b>		
Vacation	\$	



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Pet expenses	\$	
Charity/church donations	\$	
Newspaper/magazines	\$	
Tobacco	\$	
Foster Child Expenses (non-reimbursable)		
<b>Total 6</b>	<b>\$</b>	
<b>Savings</b>		
Deposits to bank account	\$	
Investment spending/retirement (what do you put in to investments)	\$	
Emergency Funds	DO NOT COUNT IN TOTAL	\$
<b>Total 7</b>	<b>\$</b>	
<b>Debts</b>		
Credit Card Debt (how much total debt)	DO NOT COUNT IN TOTAL	\$
Credit Card Debt Cont'd	\$	
Credit Card Debt Cont'd	\$	
Credit Card Debt (how much do you pay off each month)		
Student Loan Debt (total)	DO NOT COUNT IN TOTAL	\$
Student Loan Debt (how much you pay off each month)		
Misc. Debt	\$	
<b>Total 8</b>	<b>\$</b>	
<b>Total Monthly Expenses</b> (add totals 2 through 8)		<b>\$</b>
<b>Total Difference</b> (subtract net monthly income (total 1) from net monthly expenses)		<b>\$</b>

**\*\*Attach 2 Most Recent Pay Stubs Per Job\*\***

If Pay Stubs are not available, please attach most recent W-2.



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**EXTRA NOTES:**

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**Foster Parent Signature:** \_\_\_\_\_

**Foster Parent Signature:** \_\_\_\_\_

**Case Manager Signature:** \_\_\_\_\_