



Unified Government Community Development Department  
EMERGENCY SOLUTIONS GRANT  
VERIFICATION TRACKING OF INCOME

**\*\*Household members 18 or older with zero income must complete Step 5.**

Each Household member **18 or older**: \_\_\_\_\_ Date \_\_\_\_\_

☐ Intake/Screening

☐ 3-month Certification

**Agencies must record all attempts to obtain required verifications in the order specified:**

**Step 1. Third Party Source:** Were verification documents provided by the client?

☐ Yes – Complete calculation worksheet (Form No. 9 to determine eligibility).

☐ No – Proceed to Third Party Written. (Provide explanation).

**Go to Step 2 if income could not be verified in Step 1.**

**Step 2. Third Party Written:** Send ESG Form No. 8, Verification of Income, to Income Source(s).

Date Form(s) sent/faxed: \_\_\_\_\_ (Retain copy of form(s) in client file)

☐ Documents received within 10 business days – Complete calculation worksheet (Form No. 9).

☐ Documents not received within 10 business days – Proceed to Third Party Oral. **Go to Step 3 if income could not be verified in Step 2.**

**Step 3. Third Party Oral:** Intake staff contacts third-party sources identified by the household.

Record date, source(s) contacted and income information or reason(s) for not obtaining information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If sufficient income information is provided, complete Calculation Worksheet (Form No. 9) to determine eligibility; otherwise, **proceed to Step 4, Self-Certification.**

☐ I certify, under penalty of perjury, this information is true and correct to the best of my knowledge.

**Intake Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Step 4. Self-Certification:**

**ONLY use Step 4 to verify income after attempting and documenting Steps 1, 2 & 3.**

☐ I certify, under penalty of perjury, that the information I have provided on this form is true and correct, to the best of my knowledge.

**ESG Form No. 7 – Prevention & Re-housing**

Source: \_\_\_\_\_ Amt. \_\_\_\_\_ Frequency: \_\_\_\_\_

Source: \_\_\_\_\_ Amt. \_\_\_\_\_ Frequency: \_\_\_\_\_

Source: \_\_\_\_\_ Amt. \_\_\_\_\_ Frequency: \_\_\_\_\_

**Step 5, Zero Income:** (Each household member 18 or older with zero income must sign)

☐ I certify, under penalty of perjury, that I do not have income from any source at this time. This is true and correct to the best of my knowledge.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_