



## MARSHFIELD UTILITIES INCOME VERIFICATION FORM

The information requested below is used to evaluate if your household is exempt from a required deposit.

### INSTRUCTIONS:

- Column A** *Print the full name of each person living in the household.*
- Column B** *Print the age of each person living in the household.*
- Column C** *Total gross income from wages for each person living in the household **per month**.*
- Column D** *Total gross income from support for each person living in the household **per month**.*
- Column E** *Total gross income from any other source for each person living in the household **per month**.*

A Name	B Age	C Income: Wages	D Income: Support	E Income: Other

I certify that all the above information is true and correct and that ALL income is reported.

\_\_\_\_\_  
Name & Address

\_\_\_\_\_  
Social Security Number  
(last four digits ONLY)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(      )      -  
\_\_\_\_\_  
Current Phone Number

\_\_\_\_\_  
MU Account #

Utility Use ONLY:	
Household Size _____	Exemption      Y / N
Total Income    \$ _____	Initials      _____