



7910 N Virginia St
Reno, NV 89506
(775) 829-CARE(2273)
Fax (775) 829-8745
www.carechest.org

Verification of Income Statement

This is to certify that my/our total income is \$_____,
which includes any benefits or assistance and provides for my
family of _____. To the best of my knowledge, the
above statements are true and correct.

Signature: _____

Print: _____

Date: _____

Note: If the income is zero, put \$0.00 in the line above.