



1174 North Main Street
Franklin, Indiana 46131

Phone: 317-736-7511

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Franklintownshiptrusteejc1@gmail.com

Appointment date: _____ Time: _____

Please bring all of the following information and verification that applies to each of your household members for the last thirty (30) days.

- ___ Tax returns
- ___ Copy of lease
- ___ Landlord's name, address and telephone number
- ___ Mortgage or contract payment book
- ___ Verification of property taxes and homeowner's insurance
- ___ Renter's insurance verification
- ___ Utility bills – gas, electric, water, sewer, telephone, trash, cable, cell phones, pages, internet
- ___ Credit card statements and any other monthly obligations
- ___ Life insurance declaration page
- ___ Health/Medical insurance card
- ___ School records, grade reports or proof that your child(ren) live with you, must show address
- ___ Check stubs, award letters or other information pertaining to any income you may have
- ___ Verification of any property you may own (land or building)
- ___ Divorce Decree and Child Support Orders
- ___ Bank statements for ALL accounts that your name is on the account (printout from bank)
- ___ Identification – driver's license or birth certificate
- ___ Non-U.S. Citizens: visa or permanent alien card
- ___ Social Security Card for ALL members of your household, including minors
- ___ Medical expense verification
- ___ Hospital admission summary, operative report, progress notes, discharge summary
- ___ Physician's statement
- ___ Verification of child care and dependent care costs
- ___ Vehicle – own/lease statement and registration
- ___ Other: _____

Signature of applicant: _____ Date: _____

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