

**INCOME VERIFICATION WORKSHEET (IVW)**

Nonprofit Legal Services, Inc. is devoted to providing low cost legal services to clients in need. The purpose of this worksheet is to determine what amount, if any, potential clients could be willing to pay for legal representation. While a 501(c)(3) organization recognized by the IRS as a public charity, Nonprofit Legal Services, Inc. still requires adequate consideration for services rendered to be determined at a discounted or significantly reduced rate. If eligible, certain clients may even be represented pro bono according to the ability of the organization.

Please complete each section, careful to provide all information and materials requested, and return to Nonprofit Legal Services either by email to thenonprofitlawfirm@gmail.com, or by regular mail to PO Box 1714 in Claremont, CA 91711.

While helpful to assess proper representation, the information provided herein is at all times voluntary.

**I. Personal Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**II. Family Size Data**

Include yourself, spouse, and any dependents that reside with you.

**Table A**  
Family Size

Family Size (circle one)	1	2	3	4	5
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**III. Family Household Income**

In the following table, list each member in your family size who is at least eighteen years old, including you. For each member, identify (a) the family member's name, (b) the family member's relationship to you (e.g., self, parent or guardian, spouse, dependent child or sibling, or other), (c) the form of income provided (e.g., hourly wages, salary, public assistance, unemployment compensation, etc.), and (d) the amount of income earned within the 90 days preceding the date of this worksheet. If no income was earned, state "None."

For each Form of Income referenced, please provide a copy of the document used. If self-employed, please provide a copy of the last tax filing submitted to the IRS.

**Table B**  
Family Household Income

Name	Relationship to You	Form of Income Provided	Amount Earned in last 90 Days
	<i>Self</i>		
Total Family Household Income (Line 6)=			\$

Additional Notes/Explanations (please write legibly):

**IV. Summary Information**

Summarize the information from Table B and identify its source. Also, the individual who prepared this worksheet must sign where indicated.

**Table C**  
Required Information for  
Low Bono/Pro Bono Eligibility

Part	Summary of Family Household Income
1.	Family Size (i.e., number of family members in household, including employee):
2.	Family Household Income (within the preceding 90 days) (Table B, Line 6):
3.	Date of each Form of Income Document:
4.	Contact Information for any supporting party that may verify income, if needed:  Name _____ Address _____ Phone Number _____
5.	<u>Certification of Individual Who Prepared This Table:</u>  I certify that I have reviewed documents or other sources supporting the employee's income cited above and that to the best of my knowledge this information is accurate and complete.  _____ Signature of Preparer <span style="float: right;">Date</span>  Print Name:

Thank you for your time and candor in filling out this verification worksheet.