

Cecil County Senior Services & Community Transit

Taxi Voucher Program
200 Chesapeake Blvd.
Elkton, MD 21921

INCOME CERTIFICATION

**The Taxi Voucher Program requires income recertification annually.
Please submit copies of all that apply. If married, include spouse income.
(Example: Social Security and Veteran's benefits letter, 3 of your latest pay stubs).**

Type of Income	Amount (before taxes and other deductions)	How Often?(monthly, weekly, bi-weekly)?	Received by:	
			Applicant	Spouse
Social Security			<input type="checkbox"/>	<input type="checkbox"/>
Social Security Disability			<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Security Income (SSI)			<input type="checkbox"/>	<input type="checkbox"/>
Veterans' Benefits			<input type="checkbox"/>	<input type="checkbox"/>
Railroad Retirement			<input type="checkbox"/>	<input type="checkbox"/>
Civil Service Annuity			<input type="checkbox"/>	<input type="checkbox"/>
Pension, Retirement, or Disability Income			<input type="checkbox"/>	<input type="checkbox"/>
Rental Income			<input type="checkbox"/>	<input type="checkbox"/>
Mortgage Income			<input type="checkbox"/>	<input type="checkbox"/>
Dividends or Interest Earnings (CD's, IRA's, Savings acct., etc)			<input type="checkbox"/>	<input type="checkbox"/>
Job Earnings (3 most recent pay stubs)			<input type="checkbox"/>	<input type="checkbox"/>
Alimony			<input type="checkbox"/>	<input type="checkbox"/>
Self Employment Income			<input type="checkbox"/>	<input type="checkbox"/>
Unemployment			<input type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation			<input type="checkbox"/>	<input type="checkbox"/>
Annuity Income			<input type="checkbox"/>	<input type="checkbox"/>
Other:			<input type="checkbox"/>	<input type="checkbox"/>

I declare under the penalties of perjury, that this application (including any accompanying forms and statements) has been examined by me and the information contained herein, to the best of my knowledge and belief, is true, correct and complete.

Signature _____

Date _____