



Very Low Income Refund Program Supplemental Information Form

Revenue Collection Division

Form: FINRC-VLI-SUP
Revised: June 2018

_____, _____
Claimant's Name Name of other person on title

_____, _____
Name of other person on title Name of other person on title

IS ON TITLE, and

is/are a member of my household

is/are not a member of my household

and

does contribute income in any manner to my household

does not contribute income in any manner to my household

located at _____
Property Address

I hereby certify, certify, under penalty of perjury, that the above statements are true and correct to the best of my knowledge.

Claimant Signature Date

<i>For Official Use Only:</i>	
_____ Reviewed by	_____ Date Received

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