



Finance Department  
Revenue Collection Division

# Very Low Income Refund Program Supplemental Information Form

Form: FINRC-VLI-SUP  
Revised: February 2024

\_\_\_\_\_, \_\_\_\_\_,  
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, under penalty of perjury, that the above statements are true and correct to the best of my knowledge.**

\_\_\_\_\_  
Claimant Signature Date

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

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