



## INCOME VERIFICATION

**Directions:** This form must be filled out completely by your employer. The following information must be entered to determine eligibility for the employee below.

### Section I: Employee Information:

Name of Employee:			Social Security Number:		
Address of Employee:			Date current employment began:		
Previously Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		When?		Last day of employment?	
RATE OF PAY:	Employee Annual Salary: \$ _____		Hourly/Daily:	\$ _____/hour OR	\$ _____/day
PAY SCHEDULE:	Employee is paid:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Monthly <input type="checkbox"/> Other
Does the employee receive tips?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, show tips in Section II.		
How many hours per week does the employee work? _____			What shift? <input type="checkbox"/> Days <input type="checkbox"/> Nights Time: _____		
Does the employee work weekends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Days scheduled off:		
Is the employment seasonal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Season begins: _____ Ends: _____		
On what day of the week does employee get paid?	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday				

### Section II: Pay Record

In the table below, list the requested information for the 4 weeks **PRIOR** to: \_\_\_\_\_

Pay Period End Date	Actual Pay Date	Gross Earnings	Number of Hours Worked	Amount of Tips	Child Support Deductions

If number of hours or rate of pay has varied in the above pay periods, please explain: \_\_\_\_\_  
 \_\_\_\_\_

### Section III: Employer Information

The information written on this form is true and accurate to the best of my knowledge. I am aware that if I have given false information intentionally, I may be subject to prosecution for fraud.

Name of Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_ Business License Number: \_\_\_\_\_

Printed Name of Employer: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_