

## Income Verification

This form should be used **only when no supporting income documentation is available**. If paystubs are available to the employee, copies **must** be submitted. This should be signed by the employer only.

### Section 1. Employee Information

Employee Name:

Employee Address:

### Section 2. Employer Contact Information

Business Name:

Business Address:

Business Phone Number:

Contact Name:

Contact Phone Number:

### Section 3. Employee Income

Type of work performed by the employee:

First Day of Employment:

Last Day of Employment (if applicable):

Average number of hours worked per week:

Method of payment (*check one*):

Cash  Personal check  Payroll check  Other (please specify):

Frequency of payment (*check one*):

Weekly  Biweekly  Semi-monthly  Monthly  Daily

Other (please specify):

Gross earnings: \$ \_\_\_\_\_ per pay period

Gross hourly wage: \$ \_\_\_\_\_ per hour

Estimated amount of weekly tips or commissions: \$ \_\_\_\_\_ per week

### Section 4. Employee Health Coverage

Is employer-sponsored health coverage offered?  Yes  No

If yes, is/was this employee enrolled in health coverage?  Yes  No

### Section 5. Additional Information

Will there be any changes to this person's employment in the next few months?

### Section 6. Certification

I verify that the above information is true and correct to the best of my knowledge.

**X.**

**Date:**

Signature of **Employer** (*please print and sign*)