

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.

I. Employee Information

Employee Name:

Employee Address:

II. Employer Contact Information

Business Name:

Business Address:

Business Phone Number:

Contact Name:

Contact Phone Number:

III. 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*

IV. Employee Health Coverage

Is employer-sponsored health coverage offered? Yes No

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

V. Additional Information

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

VI. Certification

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

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

Date