

## 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