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)*