EARNED INCOME CERTIFICATION FORM

Statement of Income and Employment Verification

This form is to be completed by the applicant/tenant and/or their employer to verify earned income. Please complete all sections as applicable. Leave no fields blank; if a field does not apply, write N/A.

SECTION 1: APPLICANT / EMPLOYEE INFORMATION

FULL NAME

SOCIAL SECURITY / ID NUMBER

STREET ADDRESS

PHONE NUMBER

SECTION 2: EMPLOYER INFORMATION

COMPANY / EMPLOYER NAME

SUPERVISOR / CONTACT PERSON

EMPLOYER ADDRESS

EMPLOYER PHONE NUMBER

SECTION 3: EMPLOYMENT & INCOME DETAILS

JOB TITLE / POSITION

DATE OF HIRE

PAY FREQUENCY

☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

HOURLY RATE OF PAY

AVERAGE HOURS PER WEEK

GROSS SALARY PER PAY PERIOD

OVERTIME HOURLY RATE

AVERAGE OVERTIME HOURS (PER MONTH)

COMMISSIONS, TIPS, OR BONUSES

SECTION 4: CERTIFICATION & SIGNATURES

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned consent to the release and verification of the information contained herein for purposes of determining program eligibility.

SIGNATURE OF EMPLOYEE / APPLICANT

DATE

SIGNATURE OF AUTHORIZED EMPLOYER REPRESENTATIVE

TITLE

DATE