EARNED INCOME VERIFICATION DOCUMENT

EMPLOYEE INFORMATION

EMPLOYEE NAME

ADDRESS

SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

JOB TITLE

EMPLOYER INFORMATION

COMPANY NAME

COMPANY ADDRESS

CONTACT PERSON NAME & TITLE

PHONE NUMBER

EMPLOYMENT & INCOME DETAILS

EMPLOYMENT START DATE

EMPLOYMENT STATUS

☐ Full-Time

☐ Part-Time

☐ Seasonal

GROSS PAY RATE (HOURLY / SALARY)

PAY FREQUENCY

☐ Weekly

☐ Bi-Weekly

☐ Monthly

AVERAGE HOURS PER WEEK

YEAR-TO-DATE GROSS EARNINGS

AUTHORIZATION & CERTIFICATION

I certify that the information provided on this form is true, accurate, and complete to the best of my knowledge. I understand that providing false or misleading information may have legal consequences.

EMPLOYER REPRESENTATIVE SIGNATURE

DATE

EMPLOYEE SIGNATURE

DATE