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| Employer Income Verification | | |
| This form should be used only when no supporting documentation is available. If paystubs are available to the employee, copies must be submitted. This form should be signed by the employer only. | | |
| **Employee Information** | | |
| Employee Name: | | |
| Employee Address: | | |
| **Employer Contact Information** | | |
| Business Name: | | |
| Business Address: | | |
| Business Phone Numbers: | | |
| Contact Name: | Contact Phone Number: | |
| **Employee Income** | | |
| Type of work performed by the employee: | | |
| First Day of Employment: | Last Day of Employment: | |
| Average number of hours worked per week: | | |
| Method of Payment (Circle one):  Cash Personal check Payroll Check  Other (please specify) | | |
| Frequency of payment (Circle 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 | | |
| **Employee Health Coverage** | | |
| Is employer-sponsored health coverage offered? Yes No | | |
| If yes, is/was this employee enrolled in health coverage? Yes No | | |
| **Additional Information** | | |
| Will there be any changes to this person’s employment in the next few months? | | |
| **Certification** | | |
| **I verify that the above information is true and correct to the best of my knowledge.** | | |
|  | |  |
| **Employer signature** | | **Date** |