

Caseworker _____
Phone _____
Fax _____
Case Number _____

EMPLOYMENT STATEMENT

Proof of Income:

We need proof of your income to determine your eligibility. You can provide this information by giving your caseworker pay stubs, payroll records, a statement from your employer, or your employer can contact us directly.

You can also provide proof of your income by using this form. **This form is not mandatory**, but if you choose to use it, fill out the Employee Section, give the form to your employer, ask them to fill out the Employer Section and sign below. Return the form with your employer's signature to your caseworker.

Employee Section:

Employee Name _____ Social Security Number _____
 Place of Employment _____ Phone Number _____

Employer Section:

If New Employment:

Employment Start Date _____ First Pay Date _____
 Scheduled Work Week _____ Days Per Week _____ Hours Per Week _____ Hourly Rate _____
 Is the Job: Seasonal Temporary Part time Full time
 How Often Paid: Weekly Every Two Weeks Twice A Month Monthly

If Ongoing Employment:

Employee's Gross Monthly Wage _____ Days Per Week _____ Hours Per Week _____ Hourly Rate _____
 How Often Paid: Weekly Every Two Weeks Twice A Month Monthly
 Other Compensation: Tips Room and Board Commissions Bonus
 Monthly Amount of Other Compensation _____

Recent Paychecks:

Pay Period End Date	Date Pay Received	Number of Hours	Gross Pay

Health Insurance: Yes No

Who is covered? _____ Policy Number _____
 Name and Address of Insurance Company _____
 Date Coverage Began _____ Date Coverage Ends _____
 Coverage Ended Due To _____

If No Longer Employed:

Termination Date _____ Reason for Termination _____
 Date of Final Pay Check _____ Gross Amount of Final Pay Check _____

Employer:

Employer's Signature _____ Phone Number _____
 Payroll Contact Number _____ Date _____