



INCOME VERIFICATION FORM

Applicant: _____

Date: _____

NOTE TO THE EMPLOYER:

This is your authorization to release information regarding any employment. Verification of employment is required to determine eligibility for the training program for which I am applying. Please complete this form as soon as possible.

Thank you for your cooperation,

Employee Signature

Social Security Number

TO BE COMPLETED BY EMPLOYER

Employer Name: _____

Address: _____

City: _____ State: _____ ZipCode: _____

Telephone: (____) _____ - _____ Job Title: _____

Employed From: _____ **TO** _____
Month Date Year Month Date Year

If terminated indicate reason: Laid Off Termination by Employer Resignation

Gross Wages/Salary Received for the Past Six (6) Months:

FROM _____ **TO** _____

TOTAL GROSS WAGES/SALARY	\$ _____
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Employer Signature

Job Title

Date

Income Verification Form

This form is given to an applicant who is not able to provide check stubs for the past 6 months. An Income Verification Form can be given to more than one family member of an applicant. The form is given to HR and HR can complete the form and fax to VIDA.

Applicant must complete their name at the top and date the form.

Family member must sign above Employee Signature and complete the social security number before forwarding to HR.

VIDA Staff must complete the dates for the past 6 months.

The rest of the form is completed by family member's HR Dept.