

VERIFICATION OF INCOME

ESG Applicant Name: _____

Instructions for Employer/Payment Source Representative: This is to certify the income received by the above named individual for purposes of participating in the ESG program. This information will be used only to determine the eligibility status and level of household benefit. **Complete only the selected section below that includes an authorization to release information.**

Please return this form to:

Name & Title: _____ Phone: _____
 Address: _____ Fax: _____
 Email: _____

Employment Income

ESG Applicant Release: I hereby authorize the release of the following employment information.

ESG Applicant Signature: _____ Date: _____

Employer representative to complete this section:

The person named above is employed by _____ since _____. He/she is paid \$ _____ on a _____ basis and is currently working an average of _____ hours per _____.

Additional compensation please specify (if any): _____
 Probability of continued employment: _____

Authorized Employer Representative Signature: _____ Date: _____
 Name, Title: _____
 Address and Phone: _____

Payments and/or Benefit Income (complete one form for each distinct source of income for each adult member of household and attach supporting evidence to this form in case file)

- CIRCLE ONE:**
- | | | |
|--|--|---|
| <input type="checkbox"/> Social Security/SSI | <input type="checkbox"/> Pension/Retirement | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Alimony Payments | <input type="checkbox"/> Foster Care Payments | <input type="checkbox"/> Child Support Payments |
| <input type="checkbox"/> Armed Forces Income | | |
| <input type="checkbox"/> Other (pls. specify): _____ | | |

ESG Applicant Release: I hereby authorize the release of the following payment and/or benefit information.

ESG Applicant Signature: _____ Date: _____

Payment source representative to complete this section:

Payments or benefits in the amount of \$ _____ are paid on a _____ basis. The expected duration of the payments or benefits is _____.

Authorized Payment Source Representative Signature: _____ Date: _____
 Name, Title: _____
 Address and Phone: _____