

Employment and Income Verification Form

This form is used to verify the employment status and income of the individual named below. Please complete all sections clearly.

Employee Information

Full Name of Employee:

Social Security Number (Last 4 digits):

Home Address:

Phone Number:

Employer Information

Company / Employer Name:

Employer Address:

Employer Phone Number:

Employer Email Address:

Employment Details

Job Title / Position:

Employment Start Date:

Employment Status (e.g., Full-Time, Part-Time, Temporary):

Probability of Continued Employment:

Income and Compensation

Base Salary or Wage:

Frequency of Pay (e.g., Weekly, Bi-weekly, Semi-monthly, Monthly, Annually):

Average Overtime Pay (if applicable):

Average Bonuses or Commissions (if applicable):

Gross Earnings Year-to-Date:

Amount (\$)

Authorized Signatory Verification

I certify that the above employment and income information is true and correct to the best of my knowledge.

Name of Authorized Representative:

Title of Authorized Representative:

Signature (Authorized Representative):

Sign here upon printing

Date:

MM/DD/YYYY