

# Employment and Income Verification Form

Please complete all sections of this form to verify employment and income details. This form is designed for physical printing and manual or digital completion.

## Section 1: Employee Information

Employee Full Name:

Social Security Number (Last 4 Digits):

Home Address:

Phone Number:

## Section 2: Employer Information

Company Name:

Company Address:

Supervisor or HR Representative Name:

Employer Phone Number:

Employer Email Address:

## Section 3: Employment Details

Job Title / Position:

Date of Hire:

Employment Status (e.g., Active, Terminated, Leave of Absence):

Employment Type (Full-time, Part-time, Temporary):

## Section 4: Income and Salary Verification

Base Salary or Hourly Wage Rate (Specify currency):

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

Average Hours Worked Per Week:

Overtime, Commissions, or Bonuses (If applicable):

Total Gross Annual Income:

## **Section 5: Authorized Verification Signature**

I certify that the information provided on this form is true, accurate, and complete to the best of my knowledge.

Authorized Representative Name:

Authorized Representative Title:

Signature (Print and Sign):

Date: