VERIFICATION OF INCOME/EMPLOYMENT

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Employer:

In order to determine the eligibility of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for child care services, please assist by answering the questions below and returning this form to us by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Family Service Worker Name**

 \_\_Kids Incorporated of the Big Bend\_\_\_\_\_\_\_\_

 **Name of Agency**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Address**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Telephone**

PLEASE COMPLETE EACH SECTON WHICH HAS BEEN MARKED ON THE FRONT AND BACK OF THIS FORM.

**SECTION I – GENERAL INFORMATION**

1. Name of Employee Social Security No.

Address of Employee

1. Type of work performed by employee
2. Number of hours worked per week Number of days worked per week
3. Employee is/was paid $ \_\_\_\_\_\_\_\_\_\_each \_\_day \_\_week \_\_bi-weekly \_\_monthly \_\_other

**(Specify)**

1. Date current employment began Date previously employed
2. Does/Did employee receive tips? \_\_Yes \_\_No If yes, show tips in Section III on reverse.
3. Is/Was employment seasonal? \_\_Yes \_\_No If yes, season begins ends
4. How often is/was employee paid? \_\_day \_\_week \_\_bi-weekly \_\_monthly \_\_other

**(Specify)**

1. Does/Did employee participate in any type of payroll savings plan or profit sharing? \_\_Yes \_\_No

If yes, what is the balance? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION II – INCOME FROM BABYSITTING**

1. I pay him/her $ \_\_\_\_\_\_\_\_\_\_ each \_\_day \_\_week \_\_bi-weekly \_\_monthly \_\_other

 **(Specify)**

To take care of \_\_\_\_\_\_\_\_\_\_ child(ren) for me.

 (Number)

He/She takes car of my child(ren) at \_\_ his/her house \_\_ my house \_\_ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Specify)

To your knowledge, does he/she take care of any other child(ren)? \_\_Yes \_\_No

If yes, whose child(ren)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION III – RECORD OF PAY RECEIVED**

1. List the gross amount and dates of checks or cash which were or will be paid during the month(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the space below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Pay Period Ends** | **Date Pay Received** | **Gross Earnings** | **Number of Hours Worked** | Tips | **Earned Income Credit** | Net Pay |
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1. If hours or rate of pay has varied in the above period, please state why. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION IV – EMPLOYER INFORMATION**

What I have written on this form is true to the best of my knowledge. I know that if you give false information on purpose, I may be subject to prosecution for fraud.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Employer Employer’s Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Business Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address Date Completed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_