



WAGE VERIFICATION FORM

NAME OF EMPLOYEE: _____ SSN: _____
 ADDRESS OF EMPLOYEE: _____
 NAME OF EMPLOYER _____

DATE EMPLOYMENT STARTED: _____ or
 EXPECTED START DATE: _____ or
 LAST DAY WORKED: _____
 • REASON FOR NO LONGER EMPLOYED: _____
 • DATE LAST CHECK RECEIVED: _____ GROSS AMOUNT OF LAST CHECK _____

HOW OFTEN IS/ WAS EMPLOYEE PAID?
 WEEKLY
 EVERY TWO WEEKS
 TWICE MONTHLY (PAY DATES _____)
 MONTHLY
 IS EMPLOYEE PAID DIRECT DEPOSIT?
 YES
 NO

COMPLETE THE FOLLOWING TO SHOW:
 GROSS INCOME FOR THE LAST FOUR CONSECUTIVE PAY PERIODS
 WAGES FROM _____ TO _____

PAY PERIOD ENDING DATE	DATE WAGES RECEIVED OR ANTICIPATED	HOURS WORKED	HOURLY RATE OF PAY	GROSS PAY (BEFORE DEDUCTIONS)	AMOUNT OF TIPS RECEIVED	EARNED INCOME TAX CREDIT

IF EMPLOYMENT IS NEW:
 • NUMBER OF HOURS EXPECTED TO WORK PER WEEK _____ PER PAY PERIOD _____
 • HOURLY RATE OF PAY _____
 • NUMBER OF HOURS OF OVERTIME EXPECTED TO WORK PER WEEK _____ PER PAY PERIOD _____
 • HOURLY RATE OF OVERTIME PAY _____
 • IF TIPS ARE EXPECTED TO BE RECEIVED, AMOUNT OF TIPS PER WEEK _____ PER PAY PERIOD _____
 • FIRST CHECK DATE: _____ PAY PERIOD ENDING: _____
 • ANTICIPATED GROSS AMOUNT OF FIRST CHECK: _____

HAS EMPLOYEE VOLUNTARILY AND WITHOUT GOOD CAUSE QUIT OR REDUCED THEIR WORK HOURS IN ORDER TO WORK LESS THAN 30 HOURS PER WEEK?
 YES IF YES, PLEASE EXPLAIN _____
 NO

ARE YOU AWARE OF ANY OTHER INCOME THIS PERSON MAY BE RECEIVING SUCH AS OTHER WAGES, COMPENSATION, INSURANCE BENEFITS OR PENSIONS?
 YES IF YES, SOURCE AND AMOUNT, IF KNOWN: _____
 NO

DATE SIGNED

EMPLOYER SIGNATURE

EMPLOYERS PHONE NUMBER

EMPLOYER'S PRINTED NAME