

# Verification of Employment Income Form

**For Employees That Do Not Receive Pay Stubs and/or Are Paid in Cash (off the books)**

Employee must complete this section

Employee's Name:
Case # or Social Security # of employee:

**Dear Employer,**  
 Employees who are paid in cash or personal checks maybe eligible for child care subsidy. This form is used for obtaining child care.

Employer must complete this section

Employer's or Company's Name:
Contact Name:
Employer's Address:
Employer's Telephone #:

Please complete every section in the next 2 boxes below.

Is the employee paid in cash?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the employee paid by check (not pay stubs)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How often is the employee paid?	<input type="checkbox"/> weekly	<input type="checkbox"/> bi-weekly
	<input type="checkbox"/> other: _____	
What is the <u>GROSS</u> amount paid to applicant? _____		
(Amount paid before taxes or deductions)		

Enter the last four gross amounts paid:

Amount paid: \$	Pay Period:	Date paid:
Amount paid: \$	Pay Period:	Date paid:
Amount paid: \$	Pay Period:	Date paid:
Amount paid: \$	Pay Period:	Date paid:

Employer's Signature and Title \_\_\_\_\_ Date \_\_\_\_\_