



INCOME VERIFICATION

1340 S Damen Avenue 3rd Floor CHICAGO, IL 60608 phone: (312) 823-1100 fax: (312) 823-1200

Attention Client: This form must be signed by your employer before submitting to our office.

TO BE FILLED OUT BY CLIENT:

Client's Name: _____ Case Number: _____

Employee's Name: _____

I authorize my employer to release the following information to Illinois Action for Children. I understand this form is for initial eligibility purposes and that I will be asked to submit additional proof of my income with my next Redetermination. I understand that Action for Children may need to verify this information or contact the employer by phone.

Employee's Signature: _____ Date: _____

TO BE FILLED OUT BY EMPLOYER:

Name of business (if applicable): _____

Type of business or work performed: _____

Name of business owner or employer: _____

Business address: _____

Business phone: () _____

Start date of current employment: _____

Actual—or average—number of hours worked by the employee **per week**: _____

The employee is paid by (check one): Cash Personal check Payroll check Other (please specify): _____

The employee is paid (check one): Weekly Biweekly Semi-monthly Monthly

The employee receives a gross amount of \$ _____ per pay period. (If amount varies, please give average amount.)

The employee's gross **hourly** wage: \$ _____ per hour

The employee receives **weekly** tips or commissions in this estimated amount: \$ _____ per week

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:	a.m. p.m.						
To:	a.m. p.m.						

Please give the employee's typical work schedule. (Circle either "a.m." or "p.m." in each applicable box.)

I verify that the above information is true and correct to the best of my knowledge.

Business Owner or Employer's Signature: _____ Date: _____

Business Owner or Employer's SSN/FEIN: _____ Phone: _____

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