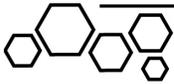


Child Care

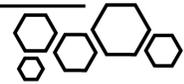
Scholarship

Transportation

Other



Employment/Income Verification



Date: _____

TO WHOM IT MAY CONCERN: This is authorization to release the information concerning the employment of _____

Please provide the gross income for the period from _____ to _____

We appreciate your cooperation and prompt return of this information.

Thank you,

Employee's Signature

Employee's Social Security Number

TO BE COMPLETED BY EMPLOYER

Employer's Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____

Employment Start Date: _____ End Date: _____

Pay Frequency: _____ Gross Monthly Salary /Rate of Pay: _____

Gross Wages from _____ to _____ \$

Usual Number of Weekly Hours: _____

Employer's Signature

Title

Date

PLEASE RETURN TO:

Workforce Solutions:

Address:

City, State, ZIP:

Attn:

Email: