

VERIFICATION OF INCOME

HPRP Applicant Name: \_\_\_\_\_

Instructions for Employer/Payment Source Representative: This is to certify the income received by the above named individual for purposes of participating in the HPRP program. This information will be used only to determine the eligibility status and level of benefit of the household. Complete only the selected section below that includes an authorization to release information.

Please return this form to:

Name & Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Employment Income

HPRP Applicant Release: I hereby authorize the release of the following employment information.

HPRP Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employer representative to complete this section:

The person named above is employed by \_\_\_\_\_ since \_\_\_\_\_. He/she is paid \$ \_\_\_\_\_ on a \_\_\_\_\_ basis and is currently working an average of \_\_\_\_\_ hours per \_\_\_\_\_.

Additional compensation please specify (if any): \_\_\_\_\_

Probability of continued employment: \_\_\_\_\_

Authorized Employer Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name, Title: \_\_\_\_\_

Address and Phone: \_\_\_\_\_

Payments and/or Benefit Income (complete one form for each distinct source of income for person named above)

- CIRCLE ONE: Social Security/SSI Pension/Retirement TANF
Public Assistance Unemployment Compensation Workers Compensation
Alimony Payments Foster Care Payments Child Support Payments
Armed Forces Income
Other (pls. specify): \_\_\_\_\_

HPRP Applicant Release: I hereby authorize the release of the following payment and/or benefit information.

HPRP Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Payment source representative to complete this section:

Payments or benefits in the amount of \$ \_\_\_\_\_ are paid on a \_\_\_\_\_ basis. The expected duration of the payments or benefits is \_\_\_\_\_.

Authorized Payment Source Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name, Title: \_\_\_\_\_

Address and Phone: \_\_\_\_\_