

Participant Information

Participant Name:

Instructions: This form is to certify the income received by the above-named individual for purposes of participating in the ESG program. This information will be used only to determine the eligibility and level of benefit(s) the household may receive. **Please complete only the selected section below that includes an authorization to release information.**

Please return this form to:

Name:

Title:

Address:

Phone:

Fax:

Email:

Employment Income

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

Participant Signature:

Date:

Employer Representative to complete this section:

Employer Name:

Employment Dates:

Payment Amount: \$

Weekly

Bi-Weekly

Monthly

Other:

Average Hours Worked:

Weekly

Bi-Weekly

Monthly

Other:

Additional compensation please specify (if any):

Probability of continued employment:

Employer Certification:

Printed Name:

Title:

Address:

Phone:

Fax:

Email:

Authorized Employer Representative Signature:

Date:

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

CHECK 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 (please specify): _____

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

Participant Signature:

Date:

Payment Source Representative to complete this section:

Payment or Benefit Amount: \$

Weekly

Bi-Weekly

Monthly

Other:

The expected duration of the payment or benefit is:

Payment Source Certification:

Printed Name:

Title:

Address:

Phone:

Fax:

Email:

Authorized Payment Source Representative Signature:

Date: