



INCOME VERIFICATION FORM

This form should be used only when no supporting income documentation is available. Supporting income documentation can include, but is not limited to, pay check stubs, written payment history from employer, copies of W-2 statements, and receipts.

----- *To Be Completed by Employee* -----

I. Release of Information

I, _____, authorize the release of the following information to PACEAPP. I understand that additional information may be required from my employer and/or clients.

Employee Signature

Date

----- *To Be Completed by Employer's Human Resources or Payroll Department* -----

II. Employer Contact Information

Employee Name: _____ Business/Employer Name: _____
 Address: _____ Phone Number: _____
 Date of Hire: _____ Date of Separation: _____ Employer Contact Name & Title: _____

III. Income from Employment (Complete A or B below and C as applicable)

a. New Employment Wages or Wage Change *(complete only for new hires or income changes)*

Pay Period: Weekly Bi-Weekly Twice Monthly Monthly Wage Effective Date: _____
 Hourly Rate: _____ or Salary: Wages Per Pay Period: _____ First Full Pay Period Start Date: _____

b. Wage History – For employees that do not have pay check stubs or other income documentation *(provide wage information for the most recent month or four weeks)*

Pay Period: Weekly Bi-Weekly Twice Monthly Monthly Other: _____

Pay Date	Pay Period Dates		Gross Wages
	From:	To:	
	From:	To:	
	From:	To:	
	From:	To:	

If employee's schedule varies, please use the worksheet on page two to provide income details for an additional two months or eight weeks preceding the above pay period information (total of three months or 12 weeks).

c. Other Income

Description <i>(i.e. Bonus, Commission, Tips, etc)</i>	Pay Date	Frequency of Income <i>(i.e. weekly, monthly, yearly)</i>	Gross Amount

The above information pertains to the employee's eligibility for PACEAPP services and is subject to review (i.e. Bonus, Commission, Tips, etc) and verification by representatives of the State of California and PACEAPP staff.

I declare under penalty of perjury under the laws of the State of California that the information I have given on this form is true and accurate.

Employer Contact Name (Print)

Title

Employer Contact Signature

Date

Telephone Verification Completed By: _____ Date: _____

Contact Name, Title: _____ Phone: _____

As Applicable: Employer refused to verify income. Employer was unresponsive to attempts to requests to verify income.

Comments: _____





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IV. Income from Employment *(Continued)*

a. Wage History – For employees that do not have pay check stubs or other income documentation *(provide wage information for two months or eight weeks preceding the information on page one)*

Pay Period: Weekly Bi-Weekly Twice Monthly Monthly Other: _____

Pay Date	Pay Period Dates		Gross Wages
	From:	To:	
	From:	To:	
	From:	To:	
	From:	To:	
	From:	To:	
	From:	To:	
	From:	To:	
	From:	To:	

The above information pertains to the employee's eligibility for PACEAPP services and is subject to review and verification by representatives of the State of California and PACEAPP staff.

I declare under penalty of perjury under the laws of the State of California that the information I have given on this form is true and accurate.

Employer Contact Name (Print)

Title

Employer Contact Signature

Date

Telephone Verification Completed By: _____ Date: _____

Contact Name, Title: _____ Phone: _____

As Applicable: Employer refused to verify income. Employer was unresponsive to attempts to requests to verify income.
Comments: _____

