



EMPLOYMENT VERIFICATION FORM

I, _____, was employed at _____. My
day of work was on _____ and my _____ paycheck was
received on _____. I have had:

- no other income for the month of _____ and have not filed and/or received unemployment.
- no other income from this employer.

- I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am electronically signing this statement under penalty of prosecution if I knowingly give false information to receive assistance for which I am not eligible.
- By checking this box and typing my name below, I am electronically signing this form.

Client Signature

Date