

MATERIAL LISTING:

NO.:	QUANTITY:	ITEM DESCRIPTION:
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INCOME VERIFICATION STATEMENT

Applicant: _____

Social Security Number: _____

The **Tselani/Cottonwood Chapter** is requesting your assistance to verify income information for the above named applicant who is applying for Housing Discretionary Funds. To assist our Chapter and the housing applicant, we are asking you to provide us with income information as requested as the bottom of this page. Be assured that information supplied by you will be kept confidential and be used only in determining the eligibility and extent of funding for the applicant. Your cooperation and immediate return of the completed form to our office would be greatly appreciated.

Sincerely,
*Tselani/Cottonwood Chapter
Administration*

TO BE COMPLETED BY APPLICANT'S EMPLOYER OR ASSISTING SOCIAL SERVICES AGENCY

Employer/Agency Name: _____

Name of Person filling out this form: _____

Title of Person filling out this form: _____

Applicant's Occupation: _____

Employed since: _____

Salary: _____ Rate per hour: _____

Paid Weekly, Bi-weekly, Semi-monthly, Monthly, etc...: _____

Average number of hours worked per week: _____

Type of Assistance: _____

(FOR GA, TANF, SSI, ETC ONLY)

Signature of person filling out form: _____

Date: _____