



# INCOME VERIFICATION

1340 S Damen Avenue 3rd Floor CHICAGO, IL 60608 phone: (312) 823-1100 fax: (312) 823-1200

**Attention Client: This form must be signed by your employer before submitting to our office.**

**TO BE FILLED OUT BY CLIENT:**

Client's Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

I authorize my employer to release the following information to Illinois Action for Children. I understand this form is for initial eligibility purposes and that I will be asked to submit additional proof of my income with my next Redetermination. I understand that Action for Children may need to verify this information or contact the employer by phone.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE FILLED OUT BY EMPLOYER:**

Name of business (if applicable): \_\_\_\_\_

Type of business or work performed: \_\_\_\_\_

Name of business owner or employer: \_\_\_\_\_

Business address: \_\_\_\_\_

Business phone: ( ) \_\_\_\_\_

Start date of current employment: \_\_\_\_\_

Actual—or average—number of hours worked by the employee **per week**: \_\_\_\_\_

The employee is paid by (check one):  Cash  Personal check  Payroll check  Other (please specify): \_\_\_\_\_

The employee is paid (check one):  Weekly  Biweekly  Semi-monthly  Monthly

The employee receives a gross amount of \$ \_\_\_\_\_ per pay period. (If amount varies, please give average amount.)

The employee's gross **hourly** wage: \$ \_\_\_\_\_ per hour

The employee receives **weekly** tips or commissions in this estimated amount: \$ \_\_\_\_\_ per week

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>From:</b>	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.
<b>To:</b>	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.

**Please give the employee's typical work schedule. (Circle either "a.m." or "p.m." in each applicable box.)**

**I verify that the above information is true and correct to the best of my knowledge.**

Business Owner or Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Owner or Employer's SSN/FEIN: \_\_\_\_\_ Phone: \_\_\_\_\_

FOR INTERNAL USE ONLY  
T-