



## THIRD PARTY VERIFICATION OF INCOME For Emergency Solutions Grants

Applicant Name: \_\_\_\_\_

**Instructions for Employer/Payment Source Representative:** This is to certify the income received by the above-named individual for purposes of participating in the Emergency Solutions Grant program. This information will be used only to determine the eligibility and level of benefit(s) the household may receive. **Complete only the selected section below that includes an authorization to release information.**

**Please return this form to:**

<b>Name:</b>		<b>Title:</b>	
<b>Address:</b>		<b>Phone:</b>	
<b>Email:</b>		<b>Fax:</b>	

Employment Income

**ESG Client Release: I hereby authorize the release of the following employment information.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employer representative to complete this section:**

The person named above is employed by \_\_\_\_\_ since \_\_\_\_\_.

He/she is paid \$ \_\_\_\_\_ on a \_\_\_\_\_ basis and is currently working an average of \_\_\_\_\_ hours per \_\_\_\_\_.

Please specify additional compensation (if any): \_\_\_\_\_

Probability of continued employment: \_\_\_\_\_

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

**CHECK ONE:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Social Security        | <input type="checkbox"/> Pension/Retirement        | <input type="checkbox"/> TANF                   |
| <input type="checkbox"/> Public Assistance      | <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Workers Compensation   |
| <input type="checkbox"/> Alimony Payments       | <input type="checkbox"/> Foster Care Payments      | <input type="checkbox"/> Child Support Payments |
| <input type="checkbox"/> Armed Forces<br>Income |  |   |
| <input type="checkbox"/> Other (specify): _____ |  |   |

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

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment representative to complete this section:**

Payments or benefits in the amount of \$ \_\_\_\_\_ are paid on a \_\_\_\_\_  
basis. The expected duration of the payments or benefits is \_\_\_\_\_.

**Authorized Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name, Title: \_\_\_\_\_

Address, Phone: \_\_\_\_\_

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**If third party verification cannot be obtained, oral verification of the above information was obtained by ESG staff.**

**ESG Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_