

Consolidated Homeless Grant (CHG) VERIFICATION OF INCOME

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 CHG program. This information will be used only to determine the eligibility status and level of benefit of the household. **Complete only the selected section below that includes an authorization to release information.**

Please return this form to:

Name & Title: _____

Phone: _____

Address: _____

Fax: _____

Email: _____

Employment Income

Applicant Release: I hereby authorize the release of the following employment information.

Applicant 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 _____.

Additional compensation please specify (if any): _____

Probability of continued employment: _____

Authorized Employer Representative Signature: _____ Date: _____

Name, Title: _____

Address and Phone: _____

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

CIRCLE ONE: Social Security/SSI Pension/Retirement TANF
 Public Assistance Unemployment Compensation Workers Compensation
 Alimony Payments Foster Care Payments Child Support Payments
 Armed Forces Income
 Other (pls. specify): _____

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

Applicant Signature: _____ Date: _____

Payment source 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 Payment Source Representative Signature: _____ Date: _____

Name, Title: _____

Address and Phone: _____