Clear Form

Supportive Services for Veteran Families (SSVF) Program
VERIFICATION OF INCOME

SSVF Participant 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 SSVF 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

SSVF Participant Release: I hereby authorize the release of the following employment information.
SSVF Participant 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) _____	

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

Print Form