2016-2017 Coordinated Entry System
3rd Party Income Verification Form

PARTICIAPANT NAME:_____ **DATE**:_____

Instructions for Employer/Payment Source Representative: This is to certify the income received by the above named individual for purposes of participating in the CES. 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: _____

I. Employment Income

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

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: _____

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

☐ 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) _____

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

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: _____