

Child Care Resource and Referral

700 Logan College Rd

Cartersville, IL 62918

1-800-548-5563

CASH PAYMENT INCOME VERIFICATION FORM

(This form needs to be Notarized by a Notary Public.)

CLIENT NAME: _____

SS#: _____

Client Release Statement:

I authorize the following information to be released to the Child Care Resource and Referral agency and certify that all the information provided is accurate and correct.

Client Signature

Date:

Employment Information: (To be completed by the employer.)

Employer Name: _____

Phone Number: _____

Address: _____

Please give a brief description of the type of work you employ the client for:

Employee start date: _____

Please list below how often you pay the client for his/her services: (Complete only one please.)

_____ Paid by the job. How much? _____ How often? _____

_____ Gross weekly income: _____

_____ Gross bi-weekly income: _____

_____ Gross twice-monthly income: _____

_____ Gross monthly income: _____

Number of hours and Days in a scheduled workweek:

<u>Hours</u>		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<u>At</u>	<i>From:</i>							
<u>Work</u>	<i>To:</i>							

Employer Signature: _____

Date: _____

Notary Public Signature and Official Seal: _____

Date of Verification: _____