



**Unified Government Community Development Department
EMERGENCY SOLUTIONS GRANT
VERIFICATION OF INCOME**

ESG 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 ESG 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: _____
Address: _____
Email: _____

Phone: _____
Fax: _____

☐ Employment Income

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

ESG 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): _____		

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

ESG 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: _____