



300 Hickory • P.O. Box 45 • Carterville, Illinois 62918
Office: 618.985.2422 | Fax: 618.985.6601

VERIFICATION OF FAMILY INCOME

Verification of all income must be provided for each family member. Your employer or appropriate agency must fill out this form.

Applicant/Resident Name: _____

Current Address: _____

Employer Name: _____

Address: _____

Telephone: _____

Date of Hire: _____ **Termination Date:** _____

Current Rate of Pay: \$ _____

- Hourly
- Weekly
- Monthly
- Annually

Average hours worked per week: _____

Prepared By: _____ **Date:** _____

FOR OFFICE USE ONLY

Verified by: _____

Date: _____

Employer
PLEASE
FILL
OUT
THIS
SECTION