

**MEXICAN SPRINGS CHAPTER
INCOME VERIFICATION STATEMENT**

APPLICANT: _____ DATE: _____

SOCIAL SECURITY NUMBER: _____

The Mexican Springs Chapter is requesting your assistance to verify income information for the above named applicant who is applying for Infrastructure Funds. To assist our chapter and the applicant, we are asking you to provide us with income information as requested at the bottom of this page. Be assured that the information supplied by you will be kept confidential and be used only in determining the eligibility and extent of funding for the applicant. Your cooperation and immediate return of the completed form to our office would be greatly appreciated.

Respectfully,

Chapter Manager
Mexican Springs Chapter

TO BE COMPLETED BY APPLICANT'S EMPLOYER OR ASSISTING SOCIAL SERVICES AGENCY

EMPLOYER/AGENCY NAME: _____

NAME OF PERSON FILLING OUT THIS FORM: _____

TITLE OF THE PERSON FILLING OUT THIS FORM: _____

APPLICANT'S OCCUPATION: _____

EMPLOYED SINCE: _____

SALARY: _____ BASE PAY RATE: _____

EFFECTIVE DATE OF BASE PAY RATE: _____

AVERAGE NUMBER OF HOURS WORKED PER WEEK: _____

TOTAL MONTHLY INCOME/ASSISTANCE: _____

TYPE OF ASSISTANCE: _____

SIGNATURE OF PERSON FILING OUT THIS FORM: _____

DATE: _____