

INCOME VERIFICATION RELEASE

Applicant _____

SS# _____

Medicare # _____ (____) _____
Number Letter

To: Iowa Work Force
 Lindale Mall, Ste 436
 Cedar Rapids, IA
 FAX: 365-9270
 Telephone: 365-9474

Return To: Benton County Social Service
 811 D Ave Ste 33
 Vinton, IA
 FAX: 472-4744
 Telephone: 472-4743 x2

We are required by law to verify all income of applicants for certain grants and/or service provided through our agency's programs. The person listed above had indicated that income has been received from your office. Please supply the requested information relative to that income and return this form to the address stamped at the top of the page within 48 hours. Thank you for your assistance.

TYPE OF INCOME TO BE VERIFIED	FREQUENCY OF PAYMENT	PLEASE RECORD MOST RECENT PAY PERIOD FIRST	Date Received	Pay Period	Gross Amount
_____ Social Security less Medicare	_____ Annually (1 pay period)	1	_____	_____	_____
_____ SSI Premium	_____ Semi -annually (1 pay period)	2	_____	_____	_____
_____ AFDC	_____ Quarterly (2pay periods)	3	_____	_____	_____
_____ Pension	_____ Monthly (3 pay periods)	4	_____	_____	_____
_____ Veteran's Benefits	_____ Twice a month (6 pay periods)	5	_____	_____	_____
_____ Local Relief/General Assist.	_____ Every two weeks (7 pay periods)	6	_____	_____	_____
<input checked="" type="checkbox"/> Workers Compensation	_____ Weekly (13 pay periods)	7	_____	_____	_____
<input checked="" type="checkbox"/> Unemployment Insurance	_____ Daily (90 pay periods - please provide on a separate sheet)	8	_____	_____	_____
<input checked="" type="checkbox"/> Employment		9	_____	_____	_____
_____ Interest		10	_____	_____	_____
_____ Other		11	_____	_____	_____
		12	_____	_____	_____
		13	_____	_____	_____
		14	_____	_____	_____

I authorize and request you to release information concerning income or benefits I may have received. I have read and understand this statement.

I attest that the information above is the total income provided to the beneficiary listed.

Name

Name

Address

Organization

Date

Date **Phone**