## **INCOME VERIFICATION RELEASE**

Applicant           SS#           Medicare #()_		Iowa Work Force		Benton County Social Services 811 D Ave Ste 33 Vinton, IA FAX: 472-4744 Telephone: 472-4743 x1	
		Lindale Mall, Ste 436 Cedar Rapids, IA FAX: 365-9270			
		Telephone: 365-9474	,		
Number	Letter				
We are required by law to verify all income The person listed above had indicated tha this form to the address stamped at the to	t income has been received	d from your office. Please sup	ply the requeste	cy's programs. d information relative to	o that income and return
TYPE OF INCOME TO BE VERIFIED	FREQUENCY OF PAYMENT		EASE RECORD e Received	MOST RECENT PA	AY PERIOD FIRST Gross Amount
Social Security less Medicare SSI Premium AFDC Pension Veteran's Benefits Local Relief/General Assist.  Workers Compensation Unemployment Insurance Employment Interest Other	Quarterly (2pa Monthly (3 pay Twice a month Every two wee Weekly (13 pay Daily (90 pay pe provide on a se	y (1 pay period) 2 ny periods) 3 y periods) 4 n (6 pay periods) 5 eks (7 pay periods) 6 y periods) 7 eriods - please 8 eparate sheet) 9 10 11 12 13 14			
income or benefits I may have received this statement.	. I have read and unders		that the information	ation above is the total.	al income provided
Name		Name			
Address		Organi	zation		
Date				DI	hone