

Statement of Income from Employer

This form is to be used if you cannot provide pay stubs and must be completed by your employer. For ECCO use only. ECCO is not a government entity. The use of this information is for the sole purpose of income verifying your income.

Employer's Name & Address _____

Type of Work (ex. Childcare, Cashier, Warehouse, etc.) _____

How Often is the Individual Paid _____

What is the Total Gross Amount Paid on Average for last 30 days _____

Average Hours per Week by Employee _____

By my signature below, I attest that all information listed above is accurate and the employee does not have health insurance through me or the company.

Name of Employer (Print)

Signature of Employer

Phone Number

Date

Disclaimer: East Cooper Community Outreach has the right to confirm and follow up on all information provided during the eligibility verification process. Providing false information may disqualify a person from receiving services. Additionally, completing this process does not guarantee services.