

Proof of Income from Employer Form

This form must be completed by your employer if you cannot provide pay stubs. We are verifying your income only for the purpose of assessing eligibility.

Client Name: _____

Employer's Name & Address: _____

Type of Work (ex. childcare, cashier, warehouse, etc.): _____

Payment schedule (daily, weekly, etc.): _____

Total gross amount paid on average for last 30 days: _____

Average hours worked per week by employee: _____

I attest that all information listed above is accurate.

Employer Name: _____ Phone: _____

Employer Signature: _____ 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 access to any or all services.