

### Request for Earnings Information

Applicant name:			Application date:
Address:			Phone:
City:	State: <b>IN</b>	Zip:	Employer:

I hereby authorize my employer to release the information below to the requesting agency.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

#### To be Completed by Employer ONLY

Has the applicant listed above been in your employ as a full-time employee, part-time employee, or contractor <b>within the most immediate three months preceding the above application date?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Start date: ____/____/____
Is the applicant listed above still an active employee/contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, type of termination? <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Layoff	Date of separation: ____/____/____
Employee's base pay rate/salary:	Average hours per pay period:	Pay frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other: _____
<b>Gross wages for 3 months preceding application date:</b>	<b>Tips received for 3 months preceding application date:</b>	<b>Bonuses received for 3 months preceding application date:</b>

#### All Contact Information for employer REQUIRED

Printed name of individual completing form:	Job title of individual completing form:
Signature of individual completing form:	Date:
Business telephone:	Business e-mail:

**Please return this completed form to the requesting agency:** \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ or Fax number: \_\_\_\_\_