App Key Number: _____

Request for Earnings Information

Applicant name:			Application date:
Address:			Phone:
City:	State: **IN**	Zip:	Employer:

The requesting agency has obtained signed consent from the applicant listed above authorizing the release of employment and income information.

_____ Authorized Agency Representative

_____ Requesting Agency

_____ Title

_____ Date

_____ Telephone Number

_____ E-mail address

Has the applicant listed above been a full-time employee, part-time employee, or contractor **within the most immediate three months preceding the above application date?** ❑ Yes ❑ No		Start date: ____/____/____
Is the applicant listed above still an active employee/contractor? ❑ Yes ❑ No	If no, type of termination? ❑ Voluntary ❑ Involuntary ❑ Layoff	Date of separation: ____/____/____
Total Federal Taxable Gross Income received by employee for **13 weeks** immediately preceding above application date, including wages, OT, tips, bonuses, etc.: $_____		Date range of income: ____/____/____ - ____/____/____

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 within two weeks to: _____

Address: _____

E-mail address: _____ or Fax number: _____