

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 thirteen weeks/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 (pay period range dates): ____/____/____ - ____/____/____

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: _____