

Middle Kentucky



171 Howell Heights
Jackson, KY 41339
Phone: (606) 666-2452
Fax: (606) 666-9780
Email: mkcadirector@mkcap.org

Darrell R. Shouse
Executive Director

Verification of Wages

CLIENT NAME: _____
LAST FIRST SS#

I, _____, GIVE _____
(EMPLOYEE) (EMPLOYER)

AUTHORITY TO RELEASE THE BELOW INFORMATION TO THE MIDDLE KENTUCKY COMMUNITY ACTION PARTNERSHIP, INC.

(SIGNATURE OF EMPLOYEE) (DATE)

IF CURRENTLY EMPLOYED

LENGTH OF EMPLOYMENT: _____ YEARS _____ MONTHS

AVERAGE HOURS WORKED PER WEEK: _____

HOW PAID AND GROSS AMOUNT? ☐ WEEKLY \$ _____
 ☐ EVERY 2 WEEKS \$ _____
 ☐ BIMONTHLY \$ _____
 ☐ MONTHLY \$ _____

LAST DATE PAID: _____, YEAR TO DATE GROSS PAY: _____

GROSS WAGES FOR THE PREVIOUS MONTH _____

GROSS INCOME ONLY

EMPLOYER: _____ TITLE: _____
(SIGNATURE)

NAME OF BUSINESS: _____

ADDRESS: _____

TELEPHONE: _____ DATE: _____

Staff Notes/Signature Date