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| **Verification of Zero Earned Income** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **I,** |  | | | | | | | | | | | | | **, do hereby declare that I am:** | | | | | | | | | | | | | |  |
|  | | |  | | | | | **not employed, have zero earned income, and not receiving unemployment benefits at this time.** | | | | | | | | | | | | | | | | | | | | | |  |
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| **Verification of Employment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  |
|  | | **Business Name** | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
|  | | **Phone Number** | | | | | | | |  | | | | | | | | **Hire Date** | | | | | |  | | | | | |  |
|  | |  | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | |  |
|  | | **I,** | |  | | | | | | | | | | | **currently employ** | | | | |  | | | | | | | | | |  |
|  | |  | |  | | | | | | | | | | |  | | | | | | | | **Employee’s First & Last Name** | | | | | | |  |
| **Gross Earned Income ($)** | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | **Weekly  Bi-Weekly  Twice Monthly  Monthly  Annually** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |
| **Notarization** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Printed Name** | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
|  | | **Signature** | | | | |  | | | | | | | | | | | | | | | | | **Date** | | |  | | |  |
|  | | * **Signature – document must be signed in front of the Notary and notarized** * **Photo identification is required to be present to notary** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **State of** | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | **County of** | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | |  | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | **Signed and sworn before me, a Notary Public, this** | | | | | | | | | | | | | | |  | | | | **day of** | | | |  | | | **,** |  |  |
|  | |  | | | | | | | | | | | | | | |  | | | |  | | | |  | | |  |  |  |
|  | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | | | | | **Notary Public Signature** | | | | | | | | | | | | | | |  |
|  | | **My commission expires** | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | |
|  | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | |