Written Third Party Verification of Income (ESG)

This document is to certify the income received by the below named individual for purposes of participating in the ESG program. This information will be used only to determine the eligibility status and level of household benefit. Complete only the applicable section (employment income or payments and/or benefits).

Applicant Release:

I hereby authorize the release of the following employment or payment and/or benefit information.

Applicant Name: _____

Applicant Signature: _____ Date: _____

☐ **Employment Income**

The person(s) named above is/are currently living in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation, including a car, park, abandoned building, streets/sidewalks or bus station.

The person named above is employed by _____ since _____. He/she is paid $_____ on a _____ basis and is currently working an average of _____ hours per _____.

Please specify any additional compensation: _____

Probability of continued employment: _____

Authorized Employer Representative Signature: _____ Date: _____

Name: _____ Title: _____

Address: _____ Phone: _____

☐ **Payment and/or Benefit Income**

Complete one form for each distinct source of income for each adult member of household and attach supporting evidence to this form in case file.

Type of Payment or Benefit:

☐ Social Security/SSI
☐ Public Assistance
☐ Alimony Payments
☐ Armed Forces Income
☐ Pension/Retirement
☐ Unemployment Compensation
☐ Foster Care Payments
☐ TANF
☐ Workers Compensation
☐ Child Support Payments
☐ Other (please specify): _____

Payments or benefits in the amount of $_____ are paid on a _____ basis. The expected duration of the payments or benefits is: _____.

Authorized Payment Source Representative Signature: _____ Date: _____

Name: _____ Title: _____

Address: _____ Phone: _____

Please return this form to:

Name: _____ Phone: _____

Title: _____ Fax: _____

Address: _____ Email: _____