

3.5 NC ESG THIRD PARTY VERIFICATION OF CLIENT'S INCOME

ESG Client Name: _____
ESG HMIS / Comparable Database Number _____

Instructions for Employer/Payment Source Representative: This is to certify the income received by the above-named individual for purposes of participating in the Emergency Solutions Grant program. This information will be used only to determine the eligibility and level of benefit(s) the household may receive. **Complete only the selected section below that includes an authorization to release information.**

Please return this form to:

Name & Title: _____ Phone: _____
Address: _____ Fax: _____
Email: _____

Employment Income

ESG Client Release: I hereby authorize the release of the following employment information.

ESG Client Signature: _____ Date: _____

Employer representative to complete this section:

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

Additional compensation please specify (if any): _____
Probability of continued employment: _____

Authorized Employer Representative Signature: _____ Date: _____
Name, Title: _____
Address and Phone: _____

Payments and/or Benefit Income (complete one form for each distinct source of income for person named above)

CHECK ONE:

- | | | |
|--|--|---|
| <input type="checkbox"/> Social Security/SSI | <input type="checkbox"/> Pension/Retirement | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Alimony Payments | <input type="checkbox"/> Foster Care Payments | <input type="checkbox"/> Child Support Payments |
| <input type="checkbox"/> Armed Forces Income | | |
| <input type="checkbox"/> Other (pls. specify): _____ | | |

ESG Client release: I hereby authorize the release of the following payment and/or benefit information.

ESG Client Signature: _____ Date: _____

Payment source representative to complete this section:

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 and Phone: _____