

App Key Number: ______

Request for Earnings Information

Applicant name:			Application date:
Address:			Phone:
City:	State: IN	Zip:	Employer:

I hereby authorize my employer to release the information below to the requesting agency.

Applicant Signature

Date

To be Completed by Employer ONLY

Has the applicant listed above be months? Yes No	Start date:		
Is the applicant listed above still an active employee?	If no, type of termination?		Date of separation:
🗅 Yes 🗅 No	□ Voluntary □ Involuntary □ Layoff/		
Employee's base pay rate/salary:	Average hours per pay period:	Pay frequend Weekly Other:	Biweekly
Gross wages for 3 months preceding application date:	Tips received for 3 months preceding application date:		eived for 3 months oplication date:

All Contact Information for employer REQUIRED

Printed name of individual completing form:	Signature of individual completing form:
Job title of individual completing form:	Date:
Business telephone:	Business e-mail:

Please return this completed form to the requesting agency: ______

Address: _____

E-mail address: ______ or Fax number: ______
