

Request for Earnings Information

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|-----------------|---------------------|------|-------------------|
| 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

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|---|--|--|
| Has the applicant listed above been in your employ as a full-time employee, part-time employee, or contractor within the most immediate three months preceding the above application date? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Start date: ____/____/____ |
| Is the applicant listed above still an active employee/contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, type of termination? <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Layoff | Date of separation: ____/____/____ |
| Employee's base pay rate/salary: | Average hours per pay period: | Pay frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other: _____ |
| Gross wages for 3 months preceding application date: | Tips received for 3 months preceding application date: | Bonuses received for 3 months preceding application 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: _____REAL Services Inc._____

Address: _____1151 S. Michigan St. South Bend, IN 46601_____

E-mail address: eapapps@realservices.org or Fax number: _____574-236-4891_____