Work Verification Request

NAME: 
MC#: 

The above individual has applied for or receives assistance from our Agency. In order to determine eligibility, we need to verify the following information. Your help is greatly appreciated.

The above named person is working _____ hours per week starting ___________________

This work is (circle one):

 Unpaid/volunteer work
 In-kind (Work in exchange for rent or other services) ________________
 Paid employment

Comments: _____________________________________________________________
_____________________________________________________________________

Thank you for providing this information.

___________________________________________________________
Name

___________________________________________________________
Title

___________________________________________________________
Phone #

___________________________________________________________
Date