

**Helping Other People's Enrichment, Inc. ("HOPE")**

P.O. Box 752 Hayes. VA. 23072

Phone: (804) 684-2555 – A Licensed Child-Placing Agency – Fax: (804) 642-6722

**EMPLOYMENT AND INCOME VERIFICATION**

Company: \_\_\_\_\_ Employee: \_\_\_\_\_  
ATT: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth : \_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_

The person identified above has applied to provide foster care services to children placed by this agency. In connection with his/her application, we must verify employment and income. The Employee's signature above is your authorization to release this information. Please take a moment to answer the questions below and return this form in the envelope provided.

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- 1) When was this employee hired? \_\_\_\_\_ Is he/she still employed by you? \_\_\_\_\_  
If not, when did employment terminate? \_\_\_\_\_
  - 2) What is/was this employee's average gross monthly income? \$ \_\_\_\_\_
  - 3) What is/was this employee's job title? \_\_\_\_\_
  - 4) If still in your employ, what sort of future does this employee have with this company?  
\_\_\_\_\_
  - 5) Comments/Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

THANK YOU!