

VERIFICATION OF INCOME

INSTRUCTIONS FOR PREPARATION

Purpose: The form is used to verify the applicant’s income to make feasibility determinations on the applicant’s request for assistance.	
Handbook Reference: 3-FLP, 4-FLP, 5-FLP	Number of Copies: Original only
Signatures Required: Original by the applicant’s employer or other provider of income information	
Distribution of Copies: Applicant’s case file	
Automation-Related Transactions: (Instructions for writers: provide only the information required, i.e. ADPS TC 3K. If no automation actions are required, insert N/A) N/A	

FSA completes Part A.

Employer completes Parts B and D and forwards the form directly to the office identified in Part A, item 2.

Other information provider completes Parts C and D and forwards the form directly to the office identified in Part A, Item 2.

Part A – General

Items 1 through 9 completed by FSA.

Field Name / Item No.	Instruction
1 To	Enter the name and address of employer.
2 From	Enter the name and address of the lender or other loan packager. This item must be completed before sending the form to the employer.
3 Certification	Read Certification.
4 Name	Enter the name of the Agency Official or Loan Packager processing this form.
5 Title	Enter the title of the Agency Official or Loan Packager processing this form.
6 Signature	Enter the signature of the Agency Official or Loan Packager processing this form.
7 Date	Enter the date the form is signed.

Field Name / Item No.	Instruction
8 Applicant's Name and Address	Enter the name and address of the applicant.
9 Statement	Read Statement.

***Part B – Verification of Employment
Items 1 through 7 are completed by the employer.***

1 Date of employment	Enter the applicant's date of employment.
2 Position	Enter the applicant's present position.
3 Probability of continued employment	Enter the applicant's probability of continuing to be employed.
4 Base Pay	Enter a checkmark in the appropriate box to indicate the applicant's base pay. Include the dollar amount next to the box selected. If "Weekly" is selected, include the number of hours per week.
5 Past Year	Enter the Base Pay, Overtime, Commissions and Bonus amount for the past year.
6 Current Year to Date as of _____	Enter the current year to date in the space provided. Enter the Base Pay, Overtime, Commissions or Bonus amount for the current year to the as of date.
7 Projected Next Year	Enter the Base Pay, Overtime, Commissions or Bonus amount projected for next year.

***Part C – Verification of Other Income
Other providers of information complete Items 1 through 4.***

1 Source	Enter the source of any other income received.
2 Frequency	Enter the frequency any other income is received.
3 Amount	Enter the amount of the other income received.
4 Comments	Enter any pertinent comments.

Field Name / Item No.	Instruction
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Part D – Certification

Employers and other providers of information complete Items 2 through 6.

1 Certification	Read certification provided on form.
2 Name	Enter the name of the person who is authorized to complete the form.
3 Title	Enter the title the person who is authorized to complete the form.
4. Signature	Enter the signature of the person providing employment or income information.
5 Phone Number	Enter the telephone number of the person who completed this form.
6 Date	Enter the date the authorized person signed the form.