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Rivers East WORKFORCE DEVELOPMENT BOARD



WIOA Income Verification Form

Career Advisor: complete top section and send to employer.

Dear Employer, _____, is applying for services through the Workforce Innovation and Opportunity Act (WIOA) Program. Income for the past six (6) months must be verified for the applicant’s household to determine eligibility. Please record the total earned gross income for the employee listed, including overtime, for the following dates. A copy of their Information Release Form is attached. Please contact _____ at _____ if you have any questions.

Income Verification for: _____ SSN: XXX-XX-_____

_____ through _____
Begin Date (6 months prior to WP participation date) *End Date (WP participation date)*

Employer Only

Name of Employer: _____

Employer’s Address: _____

Total 6 months gross income: \$ _____

Has this person been employed for the entire 6 month period? Yes No

If no, please indicate the dates of employment: _____

Employer Name: _____ Job Title: _____

Employer Signature: _____ Date: _____

Employer Only

Staff Signature: _____ Date: _____