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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: \_\_\_\_\_