

**DOCUMENTATION OF TELEPHONE VERIFICATION
(Temporary Form of Verification)**

Applicant/Resident: _____ Social Security No.: _____
Unit No.: _____

1. Oral (telephone) verifications may be used temporarily when other methods are not feasible or will delay eligibility determination for more than 60 days. Describe the reason(s) why third-party written or first-hand verifications are delayed in this instance:

2. Temporarily in lieu of third-party written or first-hand verification, on _____,
(Date)
at _____, I spoke with _____,
(Time) (Contact Person) (Title)
at _____.
(Name of Employer)

3. Gross Pay Before Deductions:

Date employment began: _____ Date employment ended: _____

Number of hours worked per week: _____

If number of hours is inconsistent, provide average: _____

Hourly Wage: _____ or Annual Gross Salary: _____

Gross Year-to-date Earnings: \$ _____ (Period Covering) From: _____

Number of weeks employed each year: _____ To: _____

Amount of tips, commission, other: year \$ _____ week \$ _____ month \$ _____

Employee's title, position or type of work: _____

Expected change in pay: \$ _____ Effective date: _____

Does the employee receive vacation/sick pay: Yes No

4. Other remarks regarding employee's income: _____

(Signature of Owner or Authorized Representative)

(Date)

(Printed Name)

(Print Title)