

Wage Verification Form

In order to determine your eligibility for the Smart Start of Davidson County Child Care Scholarship for child care assistance, it is necessary for you to provide proof of your income. Please have your employer complete this form providing us with your most recent **2 months** of income information. Once this has been completed you must return it to SSDC along with your completed application.

Applicant Name: _____

Child's Name: _____

Employer Name: _____ **Phone:** _____

Date of Hire: _____ **Rate of pay:** _____

How often paid: _____ (weekly, bi-weekly, semi-monthly, monthly)

Average amount of hours worked per week: _____

Please complete: (Use the last 2 months pay periods)

<u>Date Pay Received</u>	<u>Gross Pay (before deductions)</u>	<u>Hours Worked (per pay period)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employer's Signature: _____

Date: _____