



PO Box 98  
Cochiti Pueblo, NM 87072  
Phone: 505-465-0264 Fax: 505-465-0281

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## INCOME VERIFICATION

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**This form is to be completed by your employer. If you are self-employed, a notarized statement is required.**

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Birthdate

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

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Type of Income: Wages, Self-Employment, Retirement, Other.  
Please indicate if: Full-time, Part-time, Seasonal, Other.

### RATE OF PAY:

\$ \_\_\_\_\_  
Hourly

\$ \_\_\_\_\_  
Bi-Weekly

\$ \_\_\_\_\_  
Semi-Monthly

\$ \_\_\_\_\_  
Monthly

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Print \_\_\_\_\_

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Phone \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date