Parent and Child Together (PACT) for West Central Illinois
2090 Highway 24
Camp Point, Illinois 62320

☐ _____
(release sent by/staff name)

REQUEST FOR INCOME VERIFICATION/ *SOLICITUD DE VERIFICACIÓN DE INGRESOS*

TO/*PARA*: _____ _____
Income Source/ *Fuente de Ingresos* Income Type/ *tipo de Ingreso*

_____
Address/ *Dirección*

_____
City, State/*Ciudad, Estado* Zip/*Código postal*

_____
Employer/Personnel Officer/Agency/Organization Staff/ Caseworker (if known)/
Empleador/oficial de personal/Agencia/personal de la organización/trabajador social (si se conoce)

I hereby authorize you to provide information concerning my gross income to the PACT Head Start Program for the purpose of verification of income/ *Por la presente le autorizo a proporcionar información concerniente a mi ingreso bruto al programa de Head Start del PACT con el propósito de verificar los ingresos.*

☐ For last calendar year/ *Para el año calendario pasado*, _____
☐ For last 12 months, on or after/ *Para los últimos 12 meses, en o después de* _____, _____ and on or before/ *y en o antes* _____, _____.

Printed Name/ *Nombre Impreso*:
_____X
Applicant/ Household Member

Signature/*Firma*:
_____X
Applicant/ Household Member

Address/ *Dirección*:
_____

_____

Social Security #/ *Número de Seguro Social*:
_____

Date/ *Fecha*: _____

TO BE COMPLETED BY EMPLOYER/PERSONNEL OFFICER/AGENCY/ORGANIZATION STAFF/CASEWORKER

Please return this information to PACT for West Central Illinois at the address above on or before _____

The amount of gross income received by _____ on or after
Name of Applicant/ Household Member

_____ , _____ , and on or before _____ , _____ is $ _____ .
Month Year Month Year

The individual began receiving income from _____ on
Source

_____ , _____, and received his/her last income payment on _____, _____ .
Month Year Month Year

Signature: _____ Title: _____
Employer/Personnel Officer/Staff/Caseworker

Date: _____ Telephone Number: _____