

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**

TO: \_\_\_\_\_  
*Income Source* *Income Type*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, Zip Code*

\_\_\_\_\_  
*Employer/Personnel Officer/Agency/Organization Staff/ Caseworker (if known)*

**I hereby authorize you to provide information concerning my gross income to the PACT Head Start Program for the purpose of verification of income.**

- For last calendar year, \_\_\_\_\_
- For last 12 months, on or after \_\_\_\_\_, \_\_\_\_\_ and on or before \_\_\_\_\_, \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Applicant/ Household Member*

Signature: \_\_\_\_\_ Address: \_\_\_\_\_  
*Applicant/ Household Member*

Social Security #: \_\_\_\_\_ Child Applying: \_\_\_\_\_

.....  
**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: \_\_\_\_\_