

App Key Number: \_\_\_\_\_

### Request for Earnings Information

Applicant name:			Application date:		
Address:			Phone:		
City:	State: <b>IN</b>	Zip:	Employer:		

The requesting agency has obtained signed consent from the applicant listed above authorizing the release of employment and income information.

Authorized Agency Representative	Requesting Agency
Title	Date
Telephone Number	E-mail address

Has the applicant listed above been a full-time employee, part-time employee, or contractor <b>within the most immediate three months preceding the above application date</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Start date: ____/____/____
Is the applicant listed above still an active employee/contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, type of termination? <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Layoff	Date of separation: ____/____/____
<b>Total Federal Taxable Gross Income</b> received by employee for <b>13 weeks</b> immediately preceding above application date, including wages, OT, tips, bonuses, etc.: \$ _____		Date range of income: ____/____/____ - ____/____/____

#### All Contact Information for employer REQUIRED

Printed name of individual completing form:	Job title of individual completing form:
Signature of individual completing form:	Date:
Business telephone:	Business e-mail:

**Please return this completed form within two weeks to:** \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ or Fax number: \_\_\_\_\_