

### 3.5 NC 507 THIRD PARTY VERIFICATION OF CLIENT'S INCOME

ESG Client Name: \_\_\_\_\_  
ESG HMIS / Comparable Database Number \_\_\_\_\_

**Instructions for Employer/Payment Source Representative:** This is to certify the income received by the above-named individual for purposes of participating in the Emergency Solutions Grant program. This information will be used only to determine the eligibility and level of benefit(s) the household may receive. **Complete only the selected section below that includes an authorization to release information.**

**Please return this form to:**

Name & Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Employment Income

**ESG Client Release: I hereby authorize the release of the following employment information.**

ESG Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employer representative to complete this section:**

The person named above is employed by \_\_\_\_\_ since \_\_\_\_\_. He/she is paid \$\_\_\_\_\_ on a \_\_\_\_\_ basis and is currently working an average of \_\_\_\_\_ hours per \_\_\_\_\_.

Additional compensation please specify (if any): \_\_\_\_\_  
Probability of continued employment: \_\_\_\_\_

Authorized Employer Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name, Title: \_\_\_\_\_  
Address and Phone: \_\_\_\_\_

Payments and/or Benefit Income (complete one form for each distinct source of income for person named above)

**CHECK ONE:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Social Security/SSI         | <input type="checkbox"/> Pension/Retirement        | <input type="checkbox"/> TANF                   |
| <input type="checkbox"/> Public Assistance           | <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Workers Compensation   |
| <input type="checkbox"/> Alimony Payments            | <input type="checkbox"/> Foster Care Payments      | <input type="checkbox"/> Child Support Payments |
| <input type="checkbox"/> Armed Forces Income         |  |   |
| <input type="checkbox"/> Other (pls. specify): _____ |  |   |

**ESG Client release: I hereby authorize the release of the following payment and/or benefit information.**

ESG Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment source representative to complete this section:**

Payments or benefits in the amount of \$\_\_\_\_\_ are paid on a \_\_\_\_\_ basis. The expected duration of the payments or benefits is \_\_\_\_\_.

Authorized Payment Source Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name, Title: \_\_\_\_\_  
Address and Phone: \_\_\_\_\_