



P.O. Box 367, West Liberty, Kentucky 41472
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TDD: (800) 648-6056
www.gatewaycaa.org
An Equal Opportunity Employer "M/F/D"

VERIFICATION OF WAGES

Client's Name: _____ SSN: _____ Client's Phone #: _____

WARNING: ANY PERSON WHO AIDS ANOTHER PERSON IN OBTAINING ANY TYPE OF ASSISTANCE FRAUDULENTLY IS SUBJECT TO PENALTIES PROVIDED BY THE STATE AND FEDERAL LAWS. THIS COULD INCLUDE PENALTIES AND/OR FINES.

I, _____, HEREBY CERTIFY THAT I CURRENTLY EMPLOY: _____
(name of client)

FOR THE LENGTH OF EMPLOYMENT OF _____ YEARS _____ MONTHS.

THEY WORK _____ HOURS PER WEEK.

PAID:

WEEKLY EVERY 2 WEEKS BIMONTHLY MONTHLY OTHER _____

GROSS RATE OF PAY: \$ _____ PER HOUR DAY WEEK BY THE JOB Other: _____

LAST DATE PAID: _____ AMOUNT OF GROSS PAY FOR THE PAST MONTH: \$ _____

IF NO LONGER EMPLOYED

I, _____, HEREBY CERTIFY THAT I FORMERLY EMPLOYED: _____
(name of client)

FOR THE LENGTH OF EMPLOYMENT OF _____ YEARS _____ MONTHS.

THEY WORKED _____ HOURS PER WEEK.

PAID:

WEEKLY EVERY 2 WEEKS MONTHLY OTHER _____

AMOUNT OF GROSS PAY BEFORE DEDUCTIONS FOR THE **PRECEDING MONTH**: \$ _____

TERMINATION or LAST DATE CLIENT WORKED: _____ LAST DATE PAID: _____

EMPLOYER'S SIGNATURE: _____ **DATE:** _____
(SIGNATURE REQUIRED) (REQUIRED)

ADDRESS: _____ **PHONE #:** _____
(REQUIRED) (REQUIRED)

CITY: _____ **STATE:** **Kentucky** **ZIP:** _____
(REQUIRED) (REQUIRED)

RV: 20220804 IC:INTERNAL

Serving Bath, Menifee, Montgomery, Morgan, and Rowan Counties

