

Date: _____
Case Number: _____
Name: _____
Center: _____
Telephone Number: _____

Declaration of Employment

Please print all information and return this form, with a copy of your pay stub or a letter from your employer, in the enclosed business-reply envelope.

Personal Information

Employee's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ Social Security Number: _____
Age of Employed Person: _____

Employment Information

Job Title: _____ Date Job Began: _____
If recently started, date of first paycheck: _____
Gross salary (before tax deductions): \$ _____
Frequency of pay (check one): weekly biweekly monthly
Other (please specify): _____
Total number of hours worked per week: _____

Employer's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Date job ended (if no longer employed): _____

School Attendance Information

If you are also attending school while working, please enter the information below:

Full-time school attendance Part-time school attendance

Days/hours of attendance: _____

Course description(s): _____

School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ School Contact Person: _____

Other Income

Check (☑) all that apply. Please attach income verification, such as a check or income statement.

Income Type	Amount (\$)	Frequency		
		Weekly	Biweekly	Monthly
<input type="checkbox"/> Social Security Income (SSI)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social Security Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> New York State Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unemployment Benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Income	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In signing this Declaration of Employment, I certify that the above information is correct and that I understand that the income I am reporting will be evaluated by the Agency.

Employed Person's Signature: _____ Date: _____

Please print name: _____

Checking this box certifies my electronic signature of this document.