

REQUEST FOR EARNINGS INFORMATION

Angel Valentín, Trustee

Wabash Township, Tippecanoe County

2899 Klondike Rd, West Lafayette, IN 47906

(765) 497-3100

Applicant Name

Case Number

Date (MM/DD/YYYY)

Employer

Employer Address

Pay rate per hr.

Pay Dates: # of hours Gross Pay

Is employee currently employed: Yes No

Is employee receiving: Workman's Comp. Sick Pay Sub Pay
 No benefits

(If a box was checked in the line immediately above, please provide your name, address, and phone number to verify the information.)

Deductions per paycheck (besides taxes) – Medical Insurance, Life Insurance, savings or retirement funds, garnishments

Type	Amount	Type	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Work Termination (if applicable)

Date work terminated: _____
(MM/DD/YYYY)

Last pay date: _____
(MM/DD/YYYY)

Pay Rate at termination: _____

Reason for termination:

Signature of employer

Employer Email Address

Employer Phone Number

The information requested above is necessary to determine eligibility for Poor Relief Assistance for which the above-named person has applied for. Indiana law requires the township verify earned income and to notify the applicant within three (3) working days of their eligibility. Your cooperation is needed in collecting the information in a timely manner. Thank you.

I hereby authorize the release of information regarding wages and wage deductions to be Wabash Township Trustee for purposes of establishing my eligibility for assistance. This authorization is valid for 180 days after the signature date below.

Signature of wage earner

Date (MM/DD/YYYY)