

MID-SOUTH SUBSTANCE ABUSE COMMISSION

INCOME VERIFICATION

Client Name: _____ Client #: _____

1. () I can document my income by the following document(s). I have provided copies for my record here at [PROGRAM]

() W-2 _____(year) () Check stub from employer

() Unemployment Check Stub () Other _____

2. I cannot provide documentation which verifies my income.

My income is \$_____yearly;

\$_____monthly;

\$_____weekly

I attest to the fact the information I have provided above about my income is true and accurate to the best of my knowledge.

Client Signature

Date

Staff signature/title/credentials

Date