



275 South Church Street

Spartanburg, SC 29306

864.308.1659

Income Verification Form

****Applicant: Please only fill out areas with asterisks. ****

Employer: Please fill out remaining areas.

***Applicant Name:** _____

***Employer:** _____

***Phone Number:** _____

Name of person giving information: _____

Title of person giving information: _____

Employee's Name: _____

Date Employment Began: _____ Date Ended: _____

Current Annual Salary- Including Overtime, Bonuses and Commissions:

Please release my information for residency

***Applicant Signature**

***Date**