

REQUEST FOR EARNINGS INFORMATION

**Jennifer Teising, Trustee
Wabash Township, Tippecanoe County
2899 Klondike Rd., W. Lafayette, IN 47906
(765) 497-3100**

Case Name Case Number Date

TO: _____ Pay Rate per hr. _____
Security Number

Date:	# of hours:	Gross pay:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is employee receiving: _____ Workman’s Comp. _____ Sick Pay _____ Sub Pay _____ No Benefits

If yes, please give name, address and phone number to verify information:

List Deductions – medical & life insurance, savings or retirement funds, garnishments, etc. (besides taxes) per paycheck:

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

Date work terminated: _____ Date of last check: _____ Pay rate at termination: _____
(M/D/Y)

Reason for termination:

Signature of Employer

The information requested above is necessary to determine eligibility for Poor Relief Assistance for which the above-named person has made application. 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 the 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