

Community Connections Partnership
Representative Payee Wage & Asset Verification

Date: _____ Completed By: _____

Name: _____

-WAGES-

Check box if unemployed

Employer Name: _____

Employer Address: _____ Supervisor: _____

_____ Phone Number: _____

_____ Fax Number: _____

Start Date: _____ Starting Wage: \$ _____ /hr Hours Worked Weekly: _____

End Date: _____ Ending Wage: \$ _____ /hr Pay Cycle: _____ (weekly, bi-weekly, etc.)

Yearly Gross Wages: \$ _____ /yr

Job Title: _____

Duties: _____

-ASSETS-

Checking Account:

Name of Financial Institution: _____

Account Holder Name: _____

Account number: _____ Account Balance: \$ _____

Savings Account:

Name of Financial Institution: _____

Account Holder Name: _____

Account number: _____ Account Balance: \$ _____

Burial Account:

Name of Financial Institution: _____

Account Holder Name: _____

Account number: _____ Account Balance: \$ _____

Other Assets:

Description: _____ Value \$ _____

Description: _____ Value \$ _____