



## Employer Statement of Income

For Employer Use Only

### Employee Information

\_\_\_\_\_, who resides at:  
(Name of employee)

\_\_\_\_\_  
(Employee's Physical Address)

currently works for me doing \_\_\_\_\_  
(type of work employee does for payment)

He/She is paid the GROSS amount of: \$ \_\_\_\_\_ on a **weekly / bi-weekly / monthly / hourly** basis.  
(-----circle one-----)

He/She normally works \_\_\_\_\_ hours per **week**.  
(number of hours worked)

He/She received tips (**if applicable**) in the amount of \$ \_\_\_\_\_ for the last 2 weeks.

### Employer Information

By my signature, I attest that all information listed above is accurate and the employee does not have health insurance through me or the company.

\_\_\_\_\_  
Signature of employer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of employer

\_\_\_\_\_  
Company Name (if applicable)

\_\_\_\_\_  
Employer Contact Number

\_\_\_\_\_  
Employer Physical Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**NOTE: The employer must sign this statement  
Completed form must accompany Welvista application**