



Pueblo de Cochiti Department of Education  
Child Care Services  
Income Verification Form

Business Name

Main Telephone Number

Business Address

In order for our program to determine eligibility for childcare services for the individual listed below, we need employment information verified. Employer, please complete the Employer's section below and return this form via email.

Please return scanned copy to:

Hannah Pecos, Childcare Coordinator  
[hannah.pecos@cochiti.org](mailto:hannah.pecos@cochiti.org)

XXX - XX -

Employee Name

Employee's last 4 of social security number

**Terminated Employment - Complete this section and PAY HISTORY only if you no longer employ this person.**

Date Employment Ended	Date Final Pay Received	Reason for Termination
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**New or Continued employment - Complete this section and PAY HISTORY for new or continuing employment**

Date Employment Began	Date First Pay Received	Hourly Rate of Pay	Overtime Rate of Pay	Other: tips, etc.
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Employee Pay Schedule: How often is the employee paid? \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly  
\_\_\_\_\_ Other: (explain) \_\_\_\_\_

Day of the week pay period ends: \_\_\_\_\_ Day of the week pay is received \_\_\_\_\_  
Average number of hours employee works per week \_\_\_\_\_ Average number of overtime hours employee works per week \_\_\_\_\_

Do you anticipate any changes in employment in the next 3 months? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes: please explain: \_\_\_\_\_

**Pay History - List all pay checks issued beginning with**

Pay Period Date	Pay Date	Regular Hours Worked	Overtime Hours Worked	Total Gross Pay	Other Pay: (tips, bonuses, etc.)

Name of Person Completing Information

Title

Telephone Number

Signature

Date

Email address