



**Christ Health**

**INCOME VERIFICATION**

Date: \_\_\_\_\_

**Applicant Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Applicant Marital Status (circle):    Single    Married    Separated    Divorced

Name of spouse (if applicable): \_\_\_\_\_

**Employer Information**

Christ Health Center has received a Sliding Fee Discount application from the applicant above who has identified you as their employer or their spouse’s employer. Your cooperation in verifying their employment status is greatly appreciated.

Company/Employer Name: \_\_\_\_\_

Company/Employer Phone: \_\_\_\_\_

This statement is to advise that Mr./Ms./Mrs. \_\_\_\_\_

is currently employed by the above in the capacity listed below:

Date of Hire: \_\_\_\_\_ Title: \_\_\_\_\_

Avg. Hrs. Weekly: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ OR Weekly Pay Rate: \_\_\_\_\_

Insurance offered to this Employee:                      YES                      NO

THE EMPLOYER MUST SIGN BELOW IN FRONT OF A NOTARY PUBLIC

STATE OF ALABAMA                      Employer’s signature: \_\_\_\_\_

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_

NOTARY PUBLIC My commission expires: \_\_\_\_\_

[Notary Seal]