

FY24 & FY25 Commerce WorkFirst

Income Verification Form for Unsubsidized Employment

Participant Information

By signing this form, I understand that I am giving permission for the Commerce WorkFirst Contractor to verify employment with my new employer.

This consent will be valid for one (1) year or Until date: _____

Participant Name (print): _____ eJAS ID: _____

Address: _____ Phone: _____

Signature: _____ Date: _____

Contractor Information

Contractor Name: _____ Contractor Code: _____

Contact Name: _____ Phone: _____

Employment Information

Employment Start Date: _____

Job Type: Permanent Temporary/Seasonal

Business Name: _____ Phone: _____

Business Address: _____ City/State: _____

Job Title: _____

Hours per Week: _____ Gross Wage per Hour: \$ _____

Verification Information

Type of verification:

Supervisor statement by telephone/email

DSHS created eJAS Employment Screen

Paystub

Other: _____

Billing Month/Year: _____

Verification Date: _____

Contact Name/Title: _____

Contact Phone: _____ Date Contacted: _____