

Wabash Township Trustee's Office
 2899 Klondike Rd, West Lafayette, IN 47906
 (765) 497-3100
 Angel Valentín, Trustee
REQUEST FOR EARNINGS INFORMATION

 Applicant Name Case Number Date (MM/DD/YYYY)

 Employer Employer Address Pay rate per hr.

Pay Dates:	# of hours	Gross Pay	Is employee currently employed: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	
_____	_____	_____	Is employee receiving: <input type="checkbox"/> Workman's Comp. <input type="checkbox"/> Sick Pay <input type="checkbox"/> Sub Pay
_____	_____	_____	<input type="checkbox"/> No benefits
_____	_____	_____	
_____	_____	_____	(If a box was checked in the line immediately above, please provide your name, address, and phone number to verify the information.)

Deductions per paycheck (besides taxes) – Medical Insurance, Life Insurance, savings or retirement funds, garnishments

Type	Amount	Type	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Work Termination (if applicable)

Date work terminated: _____ Last pay date: _____ Pay Rate at termination: _____
 (MM/DD/YYYY) (MM/DD/YYYY)

Reason for termination:

 Signature of employer Employer Email Address Employer Phone Number

The information requested above is necessary to determine eligibility for Poor Relief Assistance for which the above-named person has applied for. Indiana law requires the township verify earned income and to notify the applicant within three (3) working days of their eligibility. Your cooperation is needed in collecting the information in a timely manner. Thank you.

I hereby authorize the release of information regarding wages and wage deductions to be Wabash Township Trustee for purposes of establishing my eligibility for assistance. This authorization is valid for 180 days after the signature date below.

 Signature of wage earner Date (MM/DD/YYYY)