



Employer Income Attestation
Certificado de Ingresos del Empleador

Name/*Nombre*: _____ Date of Birth/*Fecha de Nacimiento*: _____

Dear Employer/*Estimado Empleador*,

The above-named individual identified you as a source of income for their household. In order to complete their enrollment in various assistance programs, we need verification of wages.

La persona mencionada anteriormente lo identificó como una fuente de ingresos para su hogar. Para completar su inscripción en varios programas de asistencia, necesitamos verificación de salario.

Thank you for your assistance!

Gracias por su asistencia!

White House Clinics

1. Employer Name/*Nombre del Empleador*: _____

2. Amount of Employee's Typical Paycheck/ _____
Cantidad de Cheque de Pago Típico del Empleado

3. How often do you pay the employee/*¿Con qué frecuencia le paga al empleado?*

- Weekly/*Semanal*
- Every Other Week/*Cada dos semanas*
- Monthly/*Mensual*
- Twice a Month/*Dos veces por mes*
- Other/*Otro* (please explain/*por favor explique*) _____

Please read the following statement and sign below.

Por favor lea la siguiente declaración y firme a continuación.

I certify the above information is true and correct. I understand that this information will be used to determine eligibility for the patient assistance programs at White House Clinics.

Certifico que la información anterior es verdadera y correcta. Entiendo que esta información se usará para determinar elegibilidad para los programas de asistencia al paciente en White House Clinics.

Employer Signature/*Firma del Empleador*

Internal Use Only (should be completed by WHC employee who completes financial statement with patient)

Solo para uso interno (debe completarlo el empleado de WHC quien complete el estado financiero con el paciente)

I certify that I asked the applicant/recipient about all sources of income received by the household and, before using this form, used best efforts to obtain other possible sources of documentation.

Employee Signature

Printed Name of WHC Employee

Date