



SMART START OF DAVIDSON COUNTY
 235 E. CENTER STREET
 LEXINGTON, NC 27292
 PH: (336) 249-6688
 FAX: (336) 249-6687

NEW HIRE WAGE VERIFICATION FORM

In order to determine your eligibility for the Smart Start of Davidson County Scholarship for child care assistance, it is necessary for you to provide proof of your income. *Please have your employer complete this form providing us with your most recent two (2) months of income information.* Once this has been completed you must return it to SSDC along with your completed application.

Applicant Name: _____

Employer Name: _____ **Phone:** _____

Hire Date: _____ **Rate of Pay\$:** _____

Total Average Number of Hours Worked Weekly: _____

How often paid: _____ (weekly, biweekly, semi-monthly, monthly)

Please complete: (Use the last 2 months pay periods)

WEEKLY=(8) STUBS

BIWEEKLY=(4) STUBS

SEMI-MONTHLY=(4) STUBS

MONTHLY=(2) STUBS

Date Pay Received **Gross Pay** (before deductions) **Hours Worked** (per pay period)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employer's Signature: _____

Date: _____