

Individual Development Account
 Program

Verification of Employment
 Attention: IDA Program

Date: _____

ATTN: Human Resources Department

To Whom It May Concern:

You are hereby authorized to provide the information requested below by Total Community Action, Inc. IDA Program regarding my employment.

Applicant's Name _____ Social Sec. No. _____

Applicant's Address _____ City/State/Zip _____

Applicant's Signature _____ Date _____

Employer, please complete the information below and return to TCA IDA at the above address or fax.

Date of Employment: _____ Occupation: _____

No of Hours Worked: _____ Rate of Pay: \$ _____
 Weekly Bi-Weekly Semi-Monthly

Likelihood of Continued Employment: Likely Not Likely Conditional

(Please explain below)

X		
Authorized Signature	Print Name/Title	Date