

PROOF OF MONTHLY INCOME STATEMENT
(for wages paid in cash)

Name of Employer: _____

Address: _____

City/State/Zip: _____

Occupation: _____

Work Performed for the
Month of: _____

Amount of Hours Worked	Amount Earned
Week one (1):	\$
Week two (2):	\$
Week three (3):	\$
Week four (4):	\$

Total Hours Worked: _____

Total Amount Earned: \$ _____

Note: By signing this document, I certify that the above listed information is true and accurate to the best of my knowledge.

Employer Signature: _____

Job Title: _____

Date: _____