

Ozark Opportunities, Inc.

EMPLOYMENT STATUS VERIFICATION STATEMENT

Applicant _____

*** In order to determine your eligibility, we must verify the employment status of each adult member of your household. Please have an acquaintance (i.e. neighbor, landlord, etc.) complete this form. They CANNOT be a relative or any of your household members. Incomplete statements will not be accepted, and will be returned to you. We need a statement completed by two separate individuals.**

1. What are the names of the adults living in the household (*18 years of age and older*)?

* _____ * _____ * _____
* _____ * _____ * _____

2. Name the adult household members not working at this time, when he/she last worked, and where he/she last worked (*18 years of age and older*):

(a) _____ has not worked since _____

at _____

(b) _____ has not worked since _____

at _____

(c) _____ has not worked since _____

at _____

Please use the back of this form to list any additional household members.

****My signature on this statement verifies that the information I have given is true to the best of my knowledge and belief.***

Printed Name: _____

Address: _____

Telephone Number: _____

Relationship to Applicant _____

How long have you known the applicant?: _____

Signature _____ Date Signed _____