|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ECONOMIC SERVICES ADMINISTRATION (ESA)  DIVISION OF PROGRAM INTEGRITY (DPI)  **DPI Statement of Income** | | | | |
| Recipient Name | | | | | |
| Verification of income received for time period listed on cover letter:  No income was paid to the above named for the period listed.  Above named has never received income from this company.  Above named received income for the above period as follows: | | | | | |
| **Copies of Income Records are Acceptable** | | | | | |
| Pay Month Ending Date | | Actual Pay Date | Gross Benefit Amount Paid | Deduction Amount | Reason(s) for Deduction |
|  | |  | $ | $ |  |
|  | |  | $ | $ |  |
|  | |  | $ | $ |  |
|  | |  | $ | $ |  |
|  | |  | $ | $ |  |
|  | |  | $ | $ |  |
|  | |  | $ | $ |  |
|  | |  | $ | $ |  |
|  | |  | $ | $ |  |
|  | |  | $ | $ |  |
|  | |  | $ | $ |  |
|  | |  | $ | $ |  |
|  | |  | $ | $ |  |
|  | |  | $ | $ |  |
|  | |  | $ | $ |  |
|  | | | | | |
| Signature Date | | | | Printed Name / Title | |
| Business Name | | | | Telephone | |