



**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:** \_\_\_\_\_