Name:		Social Security Number:	-	-

Employer:		Phone:	
Address:		Fax:	
City:		State:	Zip:

I hereby authorize the release of my employment information
Typing your name constitutes your signature:

The individual named directly above is and applicant of a charity program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for aid. Your prompt response is crucial and greatly appreciated. Failure to do so may inadvertently cause this employee to not qualify for medical aid for their pet.

E-Signature of Management Agent:

Typing your name constitutes your signature.

The Bogey Foundation
9421 Pflumm, Lenexa, KS. 66215
Please return to: **contact@thebogeyfoundation.org**

Date of Hire:		Position or Job Title:	
Is Employment:	☐ Full Time	☐ Part Time	☐ Seasonal	☐ Other
Gross Pay Before Deductions Year to Date: $			
Through Pay Period End Date:			
Number of Pay Periods Included in YTD Earnings Above:			Pay Frequency:
Select One:	☐ Hourly Rate: $		Average hours worked per week:
	☐ Salaried Rate: $		
	☐ Other: $		
Is Employee Compensated for Overtime?	☐ Yes	☐ No	If Yes, Overtime Rate: $
Does Employee Receive Other Compensation?		☐ Yes	☐ No
If yes, check the type(s)	☐ Tips	Amount: $	Per:
	☐ Commission	Amount: $	Per:
	☐ Bonuses	Amount: $	Per:
	☐ Other	Amount: $	Per:

Signature of Authorized Representative:		Date:
Typing your name constitutes your signature		
Title:		

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Application for Assistance, Financial Status and Employment Verification Form.
The Bogey Foundation ■ 9421 Pflumm ■ Lenexa, KS ■ 66215
Phone: 816-000-0000 ■ www.thebogeyfoundation.org ■ contact@thebogeyfoundation.org