



Untaxed Income Verification

Financial Aid

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A CAMPUS OF HOPE INTERNATIONAL UNIVERSITY

Name of Student: _____

Name of Parent: _____

To be Completed by the Employer

The above student/parent has indicated that untaxed income was earned in _____ due to employment by you.

To verify the income amounts reported, please complete the following information:

Employee start date: ____/____/____

Frequency of payment: _____ (ex: weekly, monthly, bimonthly)

Average payment amount: \$ _____

Total yearly income paid: \$ _____

I certify that all information provided is complete and correct.

Employer Name: _____

Employer Address: _____

Employer phone number: _____

Employer email: _____

Employer Signature: _____ Date: _____