

**SURRY MEDICAL MINISTRIES CLINIC  
P O Box 349  
Mount Airy, North Carolina 27030**

"People Helping People"

**EMPLOYER/PROVIDE SUPPORT MONTHLY INCOME STATEMENT**

***Employer please complete:***

I verify that the following information is true for:

\_\_\_\_\_  
(Employee Name)

Business Name or Employer: \_\_\_\_\_

Income amount: (gross only) \_\_\_\_\_

circle one: hourly, weekly, 2x per month or monthly

If Hourly: average number of hours per week: \_\_\_\_\_

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date