



OMAHA PRESBYTERIAN SEMINARY FOUNDATION REQUEST FOR INCOME VERIFICATION

Privacy Act Notice: This information is to be used by the Omaha Presbyterian Seminary Foundation or its assignees in determining whether the applicant qualifies as a prospective recipient of the Foundation's Marilyn A. Jackson Grant. It will not be disclosed outside the Foundation except as required or permitted by law.

Applicant Instructions: *Complete lines 1 through 6* and forward to your employer.

Employer Instructions: Verify the requested Income Information and *Complete 7 through 8 and return to:*

Omaha Presbyterian Seminary Foundation
7101 Mercy Road Suite 216
Omaha, NE 68106
Phone 402.397.5138 Fax 402.397.4944
Email opsf@opsf-omaha.org

This form is to be transmitted directly to the Omaha Presbyterian Seminary Foundation no later than September 30 of the current year and is not to be transmitted through the applicant or any other party.

Requested Income Information

1. Name of Employer _____ Phone _____

2. Street Address _____ City _____ State _____ Zip _____

Salary Information to be Verified

\$ _____ \$ _____ \$ _____
3. Annual Salary Annual Housing Allowance Other Income

To my Employer: *I, the undersigned, have applied for Marilyn A. Jackson Grant from the Omaha Presbyterian Seminary Foundation and have stated on the application that my current salary and housing allowance is shown above. You are authorized to verify this information and to supply Omaha Presbyterian Seminary Foundation the information requested. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.*

4. Name of Employee _____ Phone _____

5. Street Address _____ City _____ State _____ Zip _____

6. Signature of Employee _____ Date _____

To be Completed by Employer

If the above information varies from your records, please use the area below to provide the correct information.

As a legal representative of the above stated employer, I verify that the income information is true and accurate, per our current records as of the date signed. I certify this verification has been sent directly to Omaha Presbyterian Seminary Foundation and has not passed through the hands of the applicant or any other party.

7. Printed name of Employer Representative _____

8. Signature of Employer Representative _____ Title _____ Date _____