

RE: _____
Applicant Name Street Address

City, State, Zip

I hereby authorize release of my employment information.

Signature of Employee _____ Date _____

OR copy of the attached executed release form which authorizes the information requested.

Federal regulations require verification of income for all members of the household applying for participation in the assistance program which we operate. This information will be used only to determine the eligibility status and level of benefit for the household. Your prompt response is greatly appreciated.

RETURN FORM TO: _____ Fax #: _____ Email: _____

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name Job Title

Date of Hire: _____ Current Salary/Wages \$ _____ Hourly _____ Weekly _____ Bi-weekly _____ Monthly _____ Yearly

Average # regular hours per week: _____ Average # of overtime hours per week: _____

Overtime rate: \$ _____ per hour

Other Income	Amount	Hourly	Weekly	Bi-Weekly	Semi-Weekly	Monthly	Yearly
Commission							
Bonus							
Tips							
Other							

Does the employee have access to a retirement account? ____ Yes ____ No If yes, Amount: \$ _____
Interest Rate: _____ %

Does the account have withdrawal penalties? ____ Yes ____ No Amount \$ _____

Employer's Signature Employer's Printed Name Date

Employer Title Employer (Company) Name and Address

Phone # Fax # E-mail

NOTE: Section 1001 of Title 18 of the US Code states that a person is guilty of a felony for knowingly and willing making false or fraudulent statements to any department of the United States Government.