

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.**

State 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 willingly making false or fraudulent statements to any department of the United States Government.**