



Community Action

Employer's Release of Wages

CAPRW - Energy Assistance Program

450 Syndicate Street North, Suite 122, Saint Paul, MN 55104

Main #: (651) 645-6470 Fax #: (651) 603-5984 Website: www.caprw.org

Office Used Only

HH#: _____

Current Status: _____

Applicant Name: _____ **SS#:** _____

Phone Number: _____

Place of Employment: _____

Employer Address: _____

I request that my employer provide the gross income information for the dates/months listed below. Thank you.

Applicant/Employee's Signature (Required): _____ **Date:** _____

Dear Employer / Payroll Department:

Please verify the above applicant's gross income (wages, tips, bonus, severance pay, etc...) for the months requested. If you have any questions, please call us. Your timely attention to this matter is appreciated.

*** Please note that we are **not** looking at the Pay Period of when they worked, but the Check Date or Pay Date of when the *check was issued to them*. If you cannot provide us with the information requested, please explain why. This information is needed for verification of eligibility. ***

You may mail it back to the address above, or fax it back to us at 651-603-5984 as soon as possible.

Thank you.
Energy Assistance Program

Month Requested / Year	Monthly Gross Income
TOTAL Gross Income:	\$
Comments:	

This form must be signed and dated for it to be valid. By signing this form, I affirm that I believe the facts listed above are accurate and true.

Print Name: _____ **Job Title:** _____

Employer's Signature: _____ **Date:** _____

Phone #: _____

Fax #: _____