



Community Action

Employer's Release of Gross Wages

Office Used Only

HH#: _____

Current Status: _____

WEBDL

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

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 (Requiref): _____

| Dear Employer: | |
|---|----------------------|
| Please verify the gross income for the months requested for the applicant listed below. If you have any questions, please call us. Your timely attention to this matter is appreciated. | |
| ***Please note that we are not looking at Pay Period. We are looking at Check Date or Pay Date of when the <i>check was issued.</i> *** | |
| Thank you. | |
| Month Requested / Year | Monthly Gross Income |
| | |
| | |
| | |
| | |
| TOTAL Income: | |
| By signing this form, I affirm that I believe the facts listed above are accurate and true. | |
| Employer's Signature: _____ Date: _____ a _____ | |
| Job Title: _____ Phone #: _____ | |

Please return by mail or fax to: Community Action – Energy Assistance
 450 North Syndicate Street, Suite 122
 St. Paul, MN 55104
 Phone: 651-645-6470
 Fax: 651-603-5984

If you have any questions, please call us at _____ This information is needed as soon as possible.
 Thank you for your assistance.