

Community Action Program  
Belknap-Merrimack Counties, Inc.

FUEL /ELECTRIC ASSISTANCE PROGRAMS

EMPLOYMENT VERIFICATION REQUEST

Name of employee \_\_\_\_\_ SS# \_\_\_\_\_

I authorize and request release of information regarding verification of my **GROSS** pay **RECEIVED** during the period stated below.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYER OR AUTHORIZED REPRESENTATIVE:** This form must be completely filled out by employer or representative, not the employee. Failure to fill out completely will result in the form being returned to the employee and the application for assistance will be delayed or denied.

Date of hire \_\_\_\_\_ If recent, date first check received \_\_\_\_\_

Termination date \_\_\_\_\_ If recent, date last check received \_\_\_\_\_

Day paycheck is **received:** Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Paid how often: Weekly Bi-weekly Semi-monthly Monthly Other \_\_\_\_\_

**Gross pay RECEIVED from:** \_\_\_\_\_ **to** \_\_\_\_\_

INCLUDE ALL PAY DATES EVEN IF NO PAY WAS RECEIVED

ACTUAL PAY DATE	TOTAL GROSS AMOUNT PAID	TIPS RECEIVED (If applicable)	CHILD SUPPORT DEDUCTED (If applicable)
1.			
2.			
3.			
4.			
5.			

Name and Phone number of Employer/Company \_\_\_\_\_

Authorized Personnel Signature

Date

Please Print Name \_\_\_\_\_