

Vermont's Weatherization Program Employment Income Verification Form

EMPLOYEE SECTION

Employee's name		Social Security number
Employee's signature authorizing release of this information		Date
Employer name	Employer phone	Employer fax
Employer mailing address (including person/position it should go to)		

Dear Employer:

The employee/former employee listed below has applied for weatherization services. We need to confirm their earned income to determine their eligibility. Please provide the employee's earned income for the past 12 months.

If you are unable to provide the information requested, please provide us with contact information for someone who can. *All information provided will remain confidential.*

12-month period starting on _____ and ending on _____	
Total gross wages earned during this period \$ _____	
Person verifying income (print name): _____	Title: _____
Signature: _____	Date: _____

Please submit to:

BROC Weatherization Office
45 Union Street, Rutland, VT 05701 Local:
(802) 665-1748 Toll Free: 1-800-717-2762
Fax: (802) 775-9949



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WEATHERIZATION
PROGRAM**