

# Vermont's Weatherization Program Employment Income Verification Form

**EMPLOYEE SECTION - to be completed by a weatherization program applicant -**

Please only complete the top section of this form. Then, sign and return the form to our office.

Capstone will communicate directly with your employer to complete the bottom section of this form.

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)		

**Weatherization Applicant – Do Not Write Below This Line – Thank You**

**EMPLOYER SECTION**

The employee/former employee listed above has applied for weatherization services. We need to confirm their earned income to determine their program eligibility. Please complete, sign and return this form to our office. Provide the employee's gross earned income during the past 12-month period as defined below.

If you are unable to provide the information requested, we ask that you provide us with contact information for someone who can.

Most recent 12 – month period starting on _____ and ending on _____		
Total gross wages during this period \$ _____		
Person verifying income _____	Title _____	Phone # _____
Signature _____	Date _____	

***All information provided will remain confidential***

**Please submit to:**

Capstone Weatherization Office  
20 Gable Place, Barre, VT 05641  
Local: (802) 476-2093  
Toll free: 1-877-919-2299  
Fax: (802) 479-5353



**VERMONT'S  
WEATHERIZATION  
PROGRAM**