

# 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:**

NETO - NEWPORT OFFICE  
 Mailing: PO Box 584, Newport, VT 05855  
 Physical: 147 Citizens Road, Derby, VT  
 Local: (802) 334-7378, Toll free: 1-800-639-3212  
 Fax: (802) 334-8148

NETO – ST. JOHNSBURY  
 Mailing: PO Box 186, St. Johnsbury, VT 05819  
 Physical: 84 Central Street, St. Johnsbury, VT  
 Local: (802) 748-8935, Toll free: 1-800-639-3212  
 Fax: (802) 748-8936