



EMPLOYER EARNED INCOME FORM

Authorization to release information to Centerstone

722 18th Ave – Seattle, WA - 98122

Please return form by: Email: energyassistance@center-stone.org OR Fax: (206) 328-8138

Attention To: _____ **Date Requested:** _____

Fax Number: _____ **Phone Number:** _____

Client Name: _____
Last First MI

1. _____ 2. _____ 3. _____
Month/Year Month/Year Month/Year

I hereby authorize the following organization, employer, or person(s) to provide and release the income to Centerstone for the months listed above. I authorize Centerstone to verify any information provided.

Client Signature **Date**

**** INFORMATION BELOW TO BE COMPLETED BY EMPLOYER****

In order to provide this household with energy assistance, the following income information is needed. Please complete this section with all gross income received by the above individual corresponding to the month(s)/year listed.

Company Name: _____ Company Address: _____

****Information must be exact gross income, not net or estimated for the months listed above****

Hire Date: _____ **Termination Date:** _____ (Leave blank if client is still employed)

Please write in the gross monthly income and any other income paid to the employee.

Month	Year	Gross Monthly Income	Other (Bonus, Commission, Tips, Etc.)
1.		\$	\$
2.		\$	\$
3.		\$	\$

Information provided by: _____ **Signature:** _____
(First, Last Name)

Title: _____ **Date Provided:** _____ **Phone:** _____