

LIHEAP VERIFICATION OF EMPLOYMENT

T Emp	From Agency				
Name					
	Name				
Address	A 11				
Contact	Address				
Phone	Contact				
Phone	Phone				
Email:	Email:				
Applicant Name					
Social Security					
hereby authorize release Please complete the follo	rmation to the ab	ove listed Agency.			
Applicant Signatur	Date	Date			

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THE FOLLO\	WING SECT	ION ⁻	ГО ВЕ СО	OMPL	ETED C	R VERII	FIED I	BY EMPLO	OYEI	₹:		
Employmen	t Detail : Plo	ease p	orovide t	he fol	lowing	informa	ition.					
Employee Name:					Job Title:							
Employmer	nt Status: (Comp	lete the	line tl	nat is a	nolicab	le.					
Employment Status: Complete the line that is a Is Employee Active:						Date of Employment:						
Was Employee Terminated:						Date of Termination:						
Frequency (of Pav: Plac	ce an	" X " in tl	ne spa	ace tha	t is app	licabl	e.				
Hourly	Weekly		Bi-Weekly			onthly		Monthly		nually	Other	
Pay Informa information Last (4) Pay Periods		ermin		empl		mployee	•	Date of Chec	ck	es), or pas Year to Date Earnings	Is Overtime Regularly earned?	
Are you aw	•		•			•	•		ing a	nt this job	that is not	
I certify tha true and acc	t, to the be curate. gnature	st of I	my know			elief, th	e info	ormation			his form is	
Employer's Phone Number					Fax Number							

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