

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

EARNINGS	STATEMENT
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	Return this form to:									
Employer Name:										
	Section I									
	m to help our agency accurately dete nger employ this individual, please pr							oyee sp	ecified	
mployee Name:	I	AST FO	our (4)	OF SSN	:					
LAST DATE OF EMPLOYMENT:										
	Section II									
	ES AND GROSS EARNINGS PAID TO THIS									
Month:	Year:									
Date Paid	Gross Amount		1							
	(Before Any Deductions)		INC	INDICATE THE DAY THAT CHECKS ARE RECEIVED						
			SU	М	Т	w	TH	F	S	
				1						
	Section III									
	NSES YOU PAID FOR THIS EMPLOYEE THAT REEMENT, AND WERE PAID DURING THE						S, AS A F	PART OF	YOUR	
Date Paid	Type of Expense					Amour	nt Paid			
l attest and certify the	at the above information is factual an	d corr	ect to t	the best	of my l	knowled	dge.			
Employer's Signature	Date	Date			Telephone					
Title of Person Completing Fo										
······································										
Company's Address:	Ci	City		State, Zip						
	this form to us using the contact inf									
	come to contact our local LIHEAP Ad									