

# 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:

Weatherization Office  
45 Union Street, Rutland, VT 05701  
Local: (802) 775-0878  
Toll Free: 1-800-717-2762  
Fax: (802) 775-9949



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