

EMPLOYER STATEMENT OF GROSS INCOME

If you do not have pay stubs, or other income verification to verify your GROSS income, you may present this form to your employer (past/present) or to your county case worker to provide proper verification. Please have them fill out the GROSS income information for the time frame listed below sign date and return.

When information is completed please return this form via postal mail:

WCMCA
Attn: Energy Assistance Program
411 Industrial Park Blvd
Elbow Lake, MN 56531

Name of Client	Last four digits of social security #
Address	City, State, Zip

DEAR EMPLOYER OR COUNTY REPRESENTATIVE,

PLEASE INDICATE THE AMOUNT OF ALL **GROSS** INCOME RECEIVED IN THE 3 MONTH TIME FRAME LISTED BELOW (THIS IS ALL **PAY DATES** DURING THIS TIME FRAME REGARDLESS OF WHEN THE HOURS WERE WORKED). THIS INFORMATION IS REQUIRED TO PROVIDE SERVICES WITHIN OUR AGENCY PROGRAM.

3 MONTHS REQUIRED	GROSS TOTAL INCOME
1.	
2.	
3.	

Employer or Business name

Signature to validate information

Printed name and phone # of person supplying
the Gross earnings and wage information.