



Employer's Release of Gross Wages

HH#: _____

Current Status: _____

Applicant Name: _____ SS#: _____

Place of Employment: _____

Employer Address: _____

I request that my employer provide the gross income information for the dates/months listed below. Thank you.

Applicant/Employee's Signature (Required): _____

Dear Employer:

Please verify the gross income for the months requested for the applicant listed below. If you have any questions, please call us. Your timely attention to this matter is appreciated.

***Please note that we are **not** looking at Pay Period. We are looking at Check Date or Pay Date of when the check was issued. ***

Thank you.

Month Requested / Year	Monthly Gross Income
TOTAL Income:	

By signing this form, I affirm that I believe the facts listed above are accurate and true.

Employer's Signature: _____ Date: _____

Job Title: _____ Phone #: _____

Please return by mail or fax to:

WCCA – Energy Assistance
130 Division St W, P.O. Box 787
Maple Lake, MN 55358

Phone: 320-963-6500
Fax: 320-963-5745
TDD 1-800-627-3529

If you have any questions, please call us at 320-963-6500 ext:270.

This information is needed as soon as possible. Thank you for your assistance.