Employer Statement

I hereby authorize the following agencies, organizations, or persons to give information to Skagit County Community Action Agency's Energy Assistance Program regarding my **gross income for the months listed below:**

Client Name: SS#:

Address:

Client Signature _____ Date _____

**********EMPLOYERS ONLY TO FILL OUT BELOW**********

Earned Income

Company Name _____

Address _____

_____

Months	Gross Wages
*	$ _____
*	$ _____
*	$ _____

Information furnished by: _____
(Print Name) (Title)

Signature _____ Date:_____

Phone #: (_____) _____ Ext: _____

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Attn: Employers, We will be calling to confirm the information on this form. If you have any questions, please call (360) 428-1011.