

2120 W Sims Way ◆ Port Townsend, WA 98368 ◆ (360) 385-2571 228 W 1st St, Ste J◆ Port Angeles, WA 98362 ◆ (360) 452-4726

## Energy Assistance Employer Income Statement

## Authorization to Release Information Please release information to Olympic Community Action Programs, Attn: Client Name: \_\_ First MI Social Security Number: \_\_\_\_\_ Address: I hereby authorize the following organization, employer or person(s) to provide and release the income information to the above listed agency for the months of: Signature of applicant \*\*EMPLOYER PROVIDES INFORMATION BELOW\*\* Company Name: Company Address: \*\*Information must be exact Gross Income, not net or estimated\*\* Month #2 \_\_\_\_\_ Name of individual providing Data: Name & Title Phone Number: Date:

\*\*Bring this completed form with you to your appointment\*\*

EMPLOYER EARNED INCOME FORM