

Vermont's Weatherization Program Employment Income Verification Form

EMPLOYEE SECTION - to be completed by a weatherization program applicant -

Please only complete the top section of this form. Then, sign and return the form to our office.

SEVCA will communicate directly with your employer to complete the bottom section of this form.

Employee's name		Social Security number
Employee's signature authorizing release of this information		Date
Employer name	Employer phone	Employer Email Address
Employer mailing address (including person/position it should go to)		

Weatherization Applicant – Do Not Write Below This Line – Thank You

EMPLOYER SECTION

The employee/former employee listed above has applied for weatherization services. We need to confirm their earned income to determine their program eligibility. Please complete, sign and return this form to our office. Provide the employee's gross earned income during the past 12-month period as defined below.

If you are unable to provide the information requested, we ask that you provide us with contact information for someone who can.

Most recent 12 – month period starting on _____ and ending on _____		
Total gross wages during this period \$ _____		
Person verifying income _____	Title _____	Phone # _____
Signature _____	Date _____	

All information provided will remain confidential

Please submit to:

SEVCA Weatherization Office
ttaskunas@sevca.org
91 Buck Drive, Westminster, VT 05158
Local phone: (802) 721-0042
Toll free: 1-800-464-9951 (x137) Fax: (802) 721-0000



**VERMONT'S
WEATHERIZATION
PROGRAM**