EMPLOYER EARNED INCOME FORM

Authorization to release information

Please release information to: **Kitsap Community Resources, Attention:** _____
Fax-(360)792-8708

Client Name: _____
Last 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:

1._____2._____3._____

_____
Signature of applicant

****Employer provides information below****

Company Name: _____

Company Address: _____

_____

****Information must be exact Gross Income, not net or estimated****

Month #1_____Month#2_____ Month#3_____

Name of individual providing Data: _____
Name & Title

Phone Number: (____) _____ Date: _____

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

06/12/2009