



KITSAP COMMUNITY
Resources

For Administrative Use Only: _____

Received by: _____

KCR Staff Signature _____

Date _____

Verified by:

TELEPHONE CALL

WAGE VERIFICATION REQUEST

EMPLOYER OR AUTHORIZED REPRESENTATIVE: Please complete all sections below and return the form to the employee or fax it directly to the **KCR Energy Department** at (360) 525-6191.

I, _____ hereby authorize the following organization, employer,
CLIENT NAME

or authorized representative to provide and release the income information to **Kitsap Community Resources Energy Department** for the following months:

1. _____ 2. _____ 3. _____
MONTH 1 MONTH 2 MONTH 3

Employee Information:

Social Security Number: _____ Address: _____

CLIENT SIGNATURE

DATE

TO BE COMPLETED BY THE EMPLOYER OR AUTHORIZED REPRESENTATIVE ONLY

Employer Name: _____

Employer Address: _____

The information must be **Exact Gross** income, not Net income or estimated income.

	MONTH 1	MONTH 2	MONTH 3
GROSS PAY			
TIPS			
COMMISSION			
CHILD SUPPORT GARNISH.			

Payment is made by: CASH CHECK DIRECT DEPOSIT

Are Federal taxes deducted from every paycheck? YES NO

NAME AND TITLE OF PERSON COMPLETING FORM

DATE

TELEPHONE NUMBER