



567 W Lake Street, Suite 1200 ▪ Chicago, Illinois 60661

INTAKE SITE: _____

DATE: _____

APP ID: _____

INCOME STATEMENT
20 _____ Low-Income Home Energy Assistance Program

Wages, Social Security, etc. _____
(Income Type)

Person, Company or Agency _____

Address _____

City, State, Zip _____

To Whom It May Concern:

Re: _____
(Applicant Name)

I hereby authorize the above person, company and/or agency to provide verification as provided below of my gross income from _____ for the past 30 days covering _____ to _____
(Income Source), as part of my application process for the Low-Income Home Energy Assistance Program (LIHEAP) in the space provided below.

I understand that noncompliance with this request for income information may result in the denial of assistance.

Signature: _____ Applicant's Social Security No. _____

Address: _____

Please mail/deliver to: _____

EMPLOYER'S VERIFICATION OF INCOME

_____ received the following gross income from
(Name)
_____ for the past 30 days,
(Income Source)
_____ to _____ \$ _____

Did the person work the entire 30 days? ____ Yes ____ No ____ N/A

Signature _____ Title _____

Phone Number _____ Date _____