



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

INTAKE SITE: 102

DATE: _____

APP ID: _____

INCOME STATEMENT

20 27 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 _____, as part of my application process for the Low-Income Home Energy Assistance Program (LIHEAP) in the space provided below.

(Income Source)

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

Signature: _____ Applicant's Social Security No. (last 4) _____

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