



# Southwestern Community Services

People helping people in Cheshire and Sullivan Counties since 1965

## Wage Earnings Verification Energy Services

Applicant Name: \_\_\_\_\_

Other Last Names in Household: \_\_\_\_\_

This is to authorize you to release information concerning my **GROSS** wages for the time period listed below. Please return this information to Southwestern Community Services Inc.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Social Security Number

### For Employer Use Only

Date of Hire: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

Day of week paycheck is received:  Mon  Tues  Wed  Thu  Fri  Sat  Sun

Paid how often:  Weekly  Bi- Weekly  Monthly  Quarterly

**GROSS** Wages are needed for the following time period **only**:

\_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Please include in the gross wages **ANY** overtime earned, bonus received, severance pay, commissions, and/or vacation reimbursement.

	<b>CHECK DATE (Not Period End Date)</b>	<b>TRUE GROSS WAGES</b>	<b>TIPS</b>	<b>Child Support Paid Out</b>
<b>Week 1</b>				
<b>Week 2</b>				
<b>Week 3</b>				
<b>Week 4</b>				
<b>Other Wages</b>				

Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Authorized Personnel Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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63 Community Way  
PO Box 603  
Keene, NH 03431  
Phone: (603) 352-7512  
Fax: (603) 357-0109



Call Toll Free: (800) 529-0005  
TTY-NH: (800) 735-2964

96-102 Main Street  
PO Box 1338  
Claremont, NH 03743  
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