## SOUTH SHORE COMMUNITY ACTION COUNCIL, INC. FUEL ASSISTANCE DEPARTMENT 71 OBERY STREET PLYMOUTH, MA 02360 FY2020

## EMPLOYMENT INCOME VERIFICATION FORM

| Employees Name-Print   | 1                        | Employees Signature   | Date        |
|--|--------------------------|---|-------------|
| Applicant's Name (if differen  | t)<br>********           |   | Application |
| TO BE FILLED OUT AND S   | SIGNED BY EMI            | PLOYER:   |             |
| 1. I certify that  |                          | (is/was) employed at  |             |
|  |                          | from  | to          |
|  |                          |   |             |
| Please state the amount of   | (Week ending             | . \$  | from:       |
| 3. Please state the amount of to (Week ending)  4. Please state the amount of to               | GROSS WAGES (Week ending | for the past 13 weeks :  . \$  g)  If for the past 52 weeks : | from:       |
| Please state the amount of to (Week ending)  4. Please state the amount of                     | GROSS WAGES (Week ending | for the past 13 weeks: \$                                     | from:       |
| 3. Please state the amount of to (Week ending)  4. Please state the amount of to (Week ending) | (Week ending             | for the past 13 weeks :  . \$  g)  If for the past 52 weeks : | from:       |

FUEL ASSISTANCE DEPARTMENT 71 OBERY STREET PLYMOUTH, MA 02360

Please send all information to:

FAX (508) 746-5140 TELEPHONE (508) 746-6707