

Have your employer complete this form IN PLACE
OF paystubs if your official paystubs are unavailable.
Turn it in as proof of income with the LIHEAP
application.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
EMPLOYEE WAGE DOCUMENTATION REPORT

TO	EMPLOYER NAME AND ADDRESS	DATE
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FROM	CONTRACT AGENCY	COUNTY	WORKER NAME
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The employee identified below has made application for benefits under the program below. In order to determine eligibility for benefits, it is necessary that we document income for this individual. The employee has signed below to authorize release of this information to our agency.

- Low Income Home Energy Assistance Program (LIHEAP)
- Low Income Household Water Assistance Program (LIHWAP)
- Community Services Block Grant (CSBG)

Please complete Section III and return to our agency in the enclosed return envelope within ten days of the receipt date.

SECTION I - EMPLOYEE INFORMATION

EMPLOYEE NAME	EMPLOYEE SOCIAL SECURITY NUMBER	APPLICANT NAME
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SECTION II - AUTHORIZATION FOR RELEASE OF INFORMATION

I AUTHORIZE THE RELEASE OF MY WAGE INFORMATION TO THE CONTRACT AGENCY LISTED ABOVE

EMPLOYEE SIGNATURE	DATE
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SECTION III - EMPLOYER'S INFORMATION ABOUT EMPLOYEE

DATE OF HIRE	DATE OF TERMINATION
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PAY PERIOD (CHECK ONE)

- WEEKLY BI-WEEKLY MONTHLY BI-MONTHLY OTHER _____

PLEASE RECORD THE AMOUNT OF GROSS WAGES RECEIVED BY THE EMPLOYEE FOR EACH PAY PERIOD IN THE MONTH OF _____

CHECK DATE	GROSS WAGES (INCLUDE TIPS, IF APPROPRIATE)

SIGNATURE OF PERSON PROVIDING THIS INFORMATION	TITLE
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COMPANY PHONE NUMBER	DATE COMPLETED
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Confidentiality Notice: If the vendor provides any "personal information" as defined in §105.1500, RSMo concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, the vendor understands and agrees that it is voluntarily choosing to seek a state contract and providing such information for that purpose. The state will treat such personal information in accord with §105.1500, RSMo.