



EMPLOYER EARNED INCOME FORM

Authorization to release information to Byrd Barr Place

722 18th Ave – Seattle, WA - 98122

Please return form by Email: energyassistance@byrdbarr.place OR Fax: (206) 328-8138

Attention To: _____ Date Requested: _____

Email or Fax Number: _____ Phone Number: _____

Client Name: _____

Last

First

MI

1. _____ 2. _____ 3. _____

Month/Year

Month/Year

Month/Year

I hereby authorize the following organization, employer, or person(s) to provide and release the income to Byrd Barr Place for the months listed above. I authorize Byrd Barr Place to verify any information provided.

Client Signature

Date

**** INFORMATION BELOW TO BE COMPLETED BY EMPLOYER ****

In order to provide this household with energy assistance, the following income information is needed. Please complete this section with all gross income received by the above individual corresponding to the month(s)/year listed.

Company Name: _____ Company Address: _____

**** Information must be exact gross Income, not net or estimated for the months listed above ****

Hire Date: _____ Termination Date: _____ (Leave blank if client is still employed)

Please write in the gross monthly income and any other income paid to the employee.

Month	Year	Gross Monthly Income	Other (Bonus, Commission, Tips, Etc.)
1.		\$	\$
2.		\$	\$
3.		\$	\$

Information provided by: _____ Signature: _____

(First, Last Name)

Title: _____ Date Provided: _____ Phone: _____