



Southwestern Community Services

People helping people in Cheshire and Sullivan Counties since 1965

Wage Earnings Verification Energy Services

This form authorizes the below named employer to release information concerning my **GROSS** wages for the income period listed below. Please return this information to Southwestern Community Services Inc.

Applicant Name	Applicant Signature
- - - Social security number	/ / Date

For Employer Use Only

Date of Hire: _____ Last date of employment (if applicable): _____

GROSS Wages are needed for the following date range **only**:

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

	CHECK DATE (Not Period End Date)	TRUE GROSS WAGES	TIPS	Child Support Paid Out	Other Wages
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
Week 6					

Printed Name: _____ Signature: _____

Company Name: _____ Title: _____

Telephone No.: () _____ - _____ Date: ____/____/____

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63 Community Way
PO Box 603
Keene, NH 03431
Phone: (603) 352-7512
Fax: (603) 352-3618



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

31 Pleasant Street, PMB 4
PO Box 1338
Claremont, NH 03743
Phone: (603) 542-9528
Fax: (603) 542-3140