SOUTH SHORE COMMUNITY ACTION COUNCIL, INC. HOME ENERGY ASSISTANCE DEPARTMENT 71 OBERY STREET PLYMOUTH, MA 02360 FY2026

EMPLOYMENT INCOME VERIFICATION FORM

In order to complete my application for Home Energy Assistance, I am required to supply the following information to South Shore Community Action Council, Inc. (SSCAC) Home Energy Assistance Program.

Employees Name-Print		Employe	es Signature	Date
Applicant's Name (if differen	t) *****	*****	******	Application# *********
TO BE FILLED OUT AND S	SIGNED BY	/ EMPLOYER	<u>₹:</u>	
1. I certify that	(is/was) employed at			
			from	to
2. Please state the amount of	GROSS W	AGES for the	past 4 weeks from	m:
to (Week ending)	(Week	ending)	Φ	
3. Please state the amount of	GROSS W	AGES for the	past 13 weeks from	om:
(Week ending)	to \$			
4. Please state the amount of to	GROSS W	AGES for the	past 52 weeks fro	om:
(Week ending)	(Week ending)			
Remarks:				
Company Representatives Sig	nature	Title		Date
Company Name	_	Telephone	e Number	

If you do not have the four (4) paystubs we require, you must have this form filled out by your employer **AND INCLUDE ONE** paystub with your Name and or Social Security # on it. Please send all information to:

HOME ENERGY ASSISTANCE DEPARTMENT
71 OBERY STREET FAX (508) 746-5140
PLYMOUTH, MA 02360 TELEPHONE (508) 746-6707