SOUTH SHORE COMMUNITY ACTION COUNCIL, INC.
HOME ENERGY ASSISTANCE DEPARTMENT
71 OBERY STREET
PLYMOUTH, MA 02360
FY2027

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 Employees Signature Date

_____ _____
Applicant's Name (if different) Application#

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TO BE FILLED OUT AND SIGNED BY EMPLOYER:

1. I certify that _____ (is/was) employed at

_____from _____to_____

2. Please state the amount of ***GROSS WAGES*** for the past 4 weeks from:
_____to_____. $_____
(Week ending) (Week ending)

3. Please state the amount of ***GROSS WAGES*** for the past 13 weeks from:
_____to_____. $_____
(Week ending) (Week ending)

4. Please state the amount of ***GROSS WAGES*** for the past 52 weeks from:
_____to_____. $_____
(Week ending) (Week ending)

Remarks: _____

_____
Company Representatives Signature Title Date

_____ _____
Company Name Telephone 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**