

Concho Valley Community Action Agency

36 E. Twohig Suite B2
San Angelo, Texas 76903
Phone 325/653-1680
Fax 325/658-3147

VERIFICATION OF INCOME

I authorize the Concho Valley Community Action Agency to receive a copy of my monthly wages to be used to determine my eligibility for the CEAP/Weatherization Program.

Employee Signature _____ **Date:** _____

Employee Name: _____

Address: _____

Employer Name: _____

Address: _____

**On the chart below, list all wages received by this employee for the last 30 days.
Weekly last 4 check stubs; Bi-weekly last 2 check stubs; Monthly last check stub.**

DATE PAY PERIOD ENDED	DATE EMPLOYEE RECEIVED PAYCHECK	GROSS PAY (Tips,)	OTHER PAY

Name of Person Verifying Information	Title	Phone	Date

file:employment

IF THIS PERSON IS NO LONGER EMPLOYED:

DATE SEPARATED	DATE FINAL CHECK RECEIVED	GROSS AMOUNT OF FINAL CHECK \$