



APPLICATION # \_\_\_\_\_

**EMPLOYEE WAGE STATEMENT**

➤ **TO BE COMPLETED BY EMPLOYEE / APPLICANT:**

I hereby authorize \_\_\_\_\_ to release to Community Action Pioneer Valley information regarding my earnings for the purpose of income verification.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

➤ **TO BE COMPLETED BY EMPLOYER:**

Name of Employee \_\_\_\_\_

Employee Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Employment Start Date \_\_\_\_\_

Employment End Date \_\_\_\_\_

Please Provide Required Documentation:

Weekly     Biweekly     Semiweekly     Monthly     Quarterly     Annual     Other

	Start Date <i>(AFTER NOVEMBER 1<sup>st</sup>)</i>	End Date <i>(Prior April 30<sup>th</sup>)</i>	Gross Wages	Bonuses/Tips <i>(Other Income)</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
<b>***PLEASE PROVIDE A MINIMUM OF ONE PAYSTUB WITH THIS FORM***</b>				

Signature of Authorized Company Official \_\_\_\_\_

Date \_\_\_\_\_

Company Contact Name \_\_\_\_\_

Company Contact Phone Number \_\_\_\_\_

***This information will be used to crosscheck the eligibility of all clients with the Massachusetts wage reporting system.***