

EMPLOYER EARNED INCOME FORM
Authorization to release information

Please release information to: Kitsap Community Resources, Attention: _____
Fax-(360)792-8708

Client Name: _____
Last First MI

Social Security Number: _____

Address: _____

I hereby authorize the following organization, employer or person(s) to provide and release the income information to the above listed agency for the months of:

1. _____ 2. _____ 3. _____

Signature of applicant

****Employer provides information below****

Company Name: _____

Company Address: _____

****Information must be exact Gross Income, not net or estimated****

Month #1 _____ Month#2 _____ Month#3 _____

Name of individual providing Data: _____
Name & Title

Phone Number: (____) _____ Date: _____

**** Bring this completed form with you to your appointment****