

## **EMPLOYEE WAGE DOCUMENTATION REPORT (LIHEAP-3)**

**Purpose:** To provide a method of securing wage documentation from an employer of the applicant or a household member when they are age 18 or over.

**Number of Copies and Distribution:** Two copies; original must be mailed to the employer and a copy will be filed in the case record.

*A stamped, return envelope must be included when the form is mailed to the employer.*

**Instructions for Completion:** This form may be typed or printed in ink.

**To:** Enter the employer name and address.

**Date:** Enter date the form is mailed to the employer.

**From:** Enter the contract agency name and mailing address.

**County:** Enter the county where the applicant resides.

**Worker Name:** Enter the contract agency worker's name.

### **Section I – Employee Information**

**Employee Name:** Enter the name of employee for whom information is being requested.

**Employee Social Security Number:** Enter the employee's Social Security Number.

**Applicant Name:** Enter the applicant's name.

### **Section II – Authorization for Release of Information**

**Employee Signature:** Employee must sign their name to authorize release of wage information to the contract agency.

**Date:** The employee must enter the date they sign the form.

### **Section III- Employer's Information about Employee**

The contract agency worker must enter the month for which wage information is being requested. (In most cases, the month prior to the month of the application date-stamp date)

The employer will complete the rest of Section III by recording all wages received in the month requested. They will include the date of hire, date of termination, pay periods and check date(s) and amount of gross wages for each check. The employer will then sign, date, and provide their phone number to contact in the event the contract agency staff has any questions.



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 FAMILY SUPPORT DIVISION  
**EMPLOYEE WAGE DOCUMENTATION REPORT**

TO	EMPLOYER NAME AND ADDRESS		DATE
FROM	CONTRACT AGENCY	COUNTY	WORKER NAME

**The employee identified below has made application for benefits under Missouri's Low Income Home Energy Assistance Program. In order to determine eligibility for benefits, it is necessary that we document income for this individual. The employee has signed below to authorize release of this information to our agency.**

**Please complete Section III and return to our agency in the enclosed return envelope within ten days of the receipt date.**

**SECTION I - EMPLOYEE INFORMATION**

EMPLOYEE NAME	EMPLOYEE SOCIAL SECURITY NUMBER	APPLICANT NAME
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**SECTION II - AUTHORIZATION FOR RELEASE OF INFORMATION**

**I AUTHORIZE THE RELEASE OF MY WAGE INFORMATION TO THE CONTRACT AGENCY LISTED ABOVE**

EMPLOYEE SIGNATURE	DATE
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**SECTION III - EMPLOYER'S INFORMATION ABOUT EMPLOYEE**

DATE OF HIRE	DATE OF TERMINATION
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**PAY PERIOD (CHECK ONE)**

- WEEKLY     BI-WEEKLY     MONTHLY     BI-MONTHLY     OTHER \_\_\_\_\_

PLEASE RECORD THE AMOUNT OF GROSS WAGES RECEIVED BY THE EMPLOYEE FOR EACH PAY PERIOD IN THE MONTH OF \_\_\_\_\_

CHECK DATE	GROSS WAGES (INCLUDE TIPS, IF APPROPRIATE)

SIGNATURE OF PERSON PROVIDING THIS INFORMATION	TITLE
COMPANY PHONE NUMBER	DATE COMPLETED