



**TRI-COUNTY**  
COMMUNITY ACTION  
Serving Coös, Carroll & Grafton Counties since 1965



**Energy Assistance Services**

**Income Release**

Name of Employee: \_\_\_\_\_ SocSec.# \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

I authorize and request release of information regarding verification of my GROSS pay for the past six (6) weeks. Employee

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\* Alterations, erasures, cross outs or white outs made to this form WILL NOT BE ACCEPTED\*\*\*\*\***

**To be completed by Employer/Authorized Representative**

Date of Hire: \_\_\_\_\_

If Terminated, Indicate Termination Date \_\_\_/\_\_\_/\_\_\_ Date/Gross amount of finalCheck \_\_\_/\_\_\_/\_\_\_ \$ \_\_\_\_\_

Day of week paycheck is received (circle one): Mon Tue Wed Thu Fri Sat Sun

Paid how often (circle one): Weekly Bi-weekly Other \_\_\_\_\_

Does Employee Receive Commissions (circle one)? Yes No

Does Employee Receive TIPS (circle one)? Yes No

Will Employee Receive a W2 or 1099 at the end of the year (Circle one)? W2 1099

Time Period: From \_\_\_\_\_ To \_\_\_\_\_

Actual Check Date	Gross Pay (Not Net Amount)	Child Support Paid (If applicable)	**Tips (If applicable)	Year to Date Total
1				
2				
3				
4				
5				
6				

Company Name: \_\_\_\_\_

Telephone # \_\_\_\_\_

\_\_\_\_\_  
Authorized Personnel Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Personnel Please Print Name Clearly

\_\_\_\_\_  
E-mail Address

Please send all forms, applications and correspondence to **Your Local County's Office:**

**Carroll County Outreach Office**  
448 White Mountain Highway  
Tamworth, NH 03886  
Phone: (603) 323-7400 Email:  
carrollcc@tccap.org

**Coos County Outreach Office**  
53 Main Street Suite 2  
Berlin, NH 03570  
Phone: (603) 752-3248  
Email:berlincc@tccap.org

**Grafton County Outreach Office**  
41 School St  
Ashland, NH 03217  
Phone:(603) 968-3560  
Email:ashlandcc@tccap.org