



Application # (on top right of application)

Please note: this form must be submitted to us **directly from your employer** via mail, fax, or secure upload.

Fax: 413 772 2733 – **Mail:** PO Box 1432 Greenfield MA 01302

Employee Wage Statement

A minimum of **one paystub** is required to be submitted with this form.

TO BE COMPLETED BY THE APPLICANT (EMPLOYEE):

I hereby authorize _____ to release to CAPV information regarding my earnings for the purpose of income verification. I authorize CAPV to examine my tax return and/or run a wage match to verify my income.
Employer/Business Name

 Applicant Signature

 Date

TO BE COMPLETED BY THE EMPLOYER:

 Name of Employee & Employee Number

 Employment Start Date

 Employment End Date (if applicable)

We are requesting **wage income** verification for the following **date range**:

From _____ To _____

Pay periods and documentation must be dated **within the dates specified above**. Specify if the pay periods are:

Weekly Biweekly Semimonthly Monthly Quarterly Annual

	Pay Period Beginning	Pay Period Ending	Gross Wages	Bonuses/Tips
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

For an authorized company official to complete:

Printed name of official

Signature of official

Phone number of official

Date
