

Arkansas Energy Office

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM EARNINGS STATEMENT



EMPLOYER NAME:											
Section I											
We request that you complete the pecified below. If you no longer							s for tl	ne emj	ployee		
EMPLOYEE NAME:			LAST FOUR (4) OF SSN:								
AST DATE OF EMPLOYMENT	:										
Section II											
PLEASE INDICATE THE PAYMENT EMPI	DATES AND GROSS EARNINGS PALOYEE DURING	AID TO THIS									
Month:	Year:										
Date Paid		Gross Amount efore Any Deductions)			INDICATE THE DAYS THAT CHECKS ARE RECEIVED						
			SU	M	T	W	TH	F	S		
Section III PLEASE INDICATE ANY HOUSEHO	OLD EXPENSES YOU PAID FOR TH	IS EMPLOYEE TH	HAT WER	E PAID FI	ROM FUI	NDS NO	OT OWE	ЕD ТО Т	НЕ		
EMPLOYEE AS A PART OF YOUR EMPLOYMENT AGREEMENT, AND WERE PAID D			OURING THE MONTH(S) INDICATED IN SECTION 2.								
Date Paid	Type of 1	Type of Expense			Amount Paid						
I attest and certify th	hat the above information is	factual and co	orrect to	the bes	t of my	know	ledge.				
Employer's Signatu	ire	Date			Telephone						
Title of Person Completing	ng Form										
Company's Address:		City			State, Zip						

You may return this form to us using the contact information at the top of this form. You are also welcome to contact our local LIHEAP Administrative office with questions.