



EMPLOYER EARNED INCOME FORM  
Authorization to release information

Please release information to: \_\_\_\_\_ Fax: \_\_\_\_\_

Client Name: \_\_\_\_\_  
Last, First MI

I hereby authorize the following organization, employer, or person(s) to provide and release the income to Hopelink for the months listed below. I authorize Hopelink to verify any information provided.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Month, Year Month, Year Month, Year

\_\_\_\_\_  
Client Signature

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

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

Company Address: \_\_\_\_\_  
\_\_\_\_\_

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

Month:	Year:	Gross Monthly Income:
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name of individual providing data: \_\_\_\_\_  
Name and Title

Phone Number: \_\_\_\_\_

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