



MARYLAND OFFICE OF  
HOME ENERGY PROGRAMS  
WAGE VERIFICATION FORM

RETURN THIS FORM TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instructions:** *If sufficient pay stubs as required by OHEP are not available, this form must be completed and signed by the Employer. The Applicant and Employee must sign at the bottom.*

EMPLOYER NAME & ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYEE NAME:  
\_\_\_\_\_  
\_\_\_\_\_  
Client ID #: Local agency will provide

Dear Employer:

We are requesting verification of wages for the above-named employee. Authorization for the release of this information appears below. Please complete the section(s) that applies. Thank you for your cooperation.

\_\_\_\_\_  
Intake Worker & Telephone #

Current wages: Please list each paycheck received in the month listed.

MONTH: _____				MONTH: _____			
Period Ending	Gross Pay	Tips	Date Received	Period Ending	Gross Pay	Tips	Date Received

NEW EMPLOYEE		SEPARATED EMPLOYEE	
First day of work	_____	Last day of work	_____
Date first pay received	_____	Date final pay received	_____
GROSS pay, first check	_____	Final GROSS pay	_____

Signature of Employer:

\_\_\_\_\_  
Signature Title Date Telephone

I hereby authorize the above-named employer to release to the Office of Home Energy Programs (OHEP) information regarding my employment and wages.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Applicant (If other than Employee) Date