

LIHEAP Earned Income Verification

COVID-19 National Emergency

This form is to be used through September 30, 2022

By filling out and signing this form I, _____ certify that I do not have access to my most recent past thirty (30) days' of paycheck(s) and I cannot get a letter from my employer due to the restrictions during the COVID-19 national emergency.

Place of Employment: _____

Address: _____

Manager's Name: _____

Position: _____

Last day of work: _____

Hours worked per week: _____

Hourly wage(s): _____

How often paid:

- Weekly
- Every two weeks (Every other Friday)
- Semi-monthly (15th & 30th)
- Monthly

I certify that the information above is correct. Falsifying and/or withholding income information is a federal offense and I can be convicted to a fine of \$10,000 or imprisonment for no more than five years or both under the state of Tennessee Laws.

Signature:

Date: