

App Key Number: \_\_\_\_\_

## Request for Earnings Information

Applicant name:			Application date:
Address:			Phone:
City:	State: IN	Zip:	Employer:

The requesting agency has obtained signed consent from the applicant listed above authorizing the release of employment and income information.

Authorized Agency Representative	Brightpoint Requesting Agency
Title	Date
260-423-3546	gethelp@mybrightpoint.org
Telephone Number	E-mail address

Has the applicant listed above been a full-time employee, part-time employee, or contractor <b>within the most immediate three months preceding the above application date?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Start date: ____ / ____ / ____
Is the applicant listed above still an active employee/contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no, type of termination? <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Layoff	Date of separation: ____ / ____ / ____
<b>Total Federal Taxable Gross Income</b> received by employee for <b>13 weeks</b> immediately preceding above application date, including wages, OT, tips, bonuses, etc.: \$ _____		Date range of income: ____ / ____ / ____ - ____ / ____ / ____

### All Contact Information for employer REQUIRED

Printed name of individual completing form:	Job title of individual completing form:
Signature of individual completing form:	Date:
Business telephone:	Business e-mail:

Please return this completed form within two weeks to: Brightpoint

Address: 227 E Washington Blvd, Fort Wayne, IN 46802

E-mail address: gethelp@mybrightpoint.org or Fax number: 260-420-8067